Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 10th December 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
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
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
2015/202	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Dr Kamlesh Sidhu, Dr David Shakespeare, Melanie Preston and Julie Kenyon.	
2015/203	**Declaration of any other urgent business** DJ asked for clarification on behalf of the Renal Consultants with regard to the CCG commissioning positions for Renavit. SM will email the CCG Leads and ask them to update MLCSU with their decisions for Renavit.	**SM**
2015/204	**Declarations of interest pertinent to agenda** A question was raised regarding whether consultants should declare interests pertinent to the agenda when responding to consultations. This will be discussed further under agenda item 2015/220 – Process for Annual Declarations of Interest.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/205	**Minutes of the last meeting (12th November 2015)** The minutes of the meeting dated 12th November 2015 were agreed as a true and accurate record.	
2015/206	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2015/207	**LABA/LAMA Combination Inhalers** BH presented the LABA/LAMA combination inhalers paper, which was identified via horizon scanning. An initial review was carried out in July and a meeting was held in October 2015 to discuss the rationalisation of the inhalers. Following this, the evidence and draft recommendations had been consulted on as follows:- *Recommendation 1* 1st line**:** Tiotropium/olodaterol – Spiolto® – Respimat device 2nd line**:** Aclidinium/formoterol – Duaklir® – Genuair device **OR** Umeclidinium/vilanterol – Anoro® – Ellipta device *Recommendation 2* The addition of tiotropium/olodaterol (Spiolto®) will require the addition of the LABA olodaterol (Striverdi®) to the COPD guidance. *Recommendation 3* If the preferred second line option is umeclidinium/vilanterol (Anoro®) this will require the addition of umeclidinium (Incruse®) to the COPD guidance (please note the LABA vilanterol is not currently available as single component device). *Recommendation 4* As part of the rationalisation, the proposal is for indacaterol and glycopyrronium to be removed from the guidelines. ***Consultation Responses to recommendations*** 4 out of 8 CCGs and 4 out of 4 Acute Trusts responded by the closing date for the formal consultation, in addition 2 further CCGs responded as part of the specialist working group consultation process (included in the consultation responses below). *Recommendation 1 – 1st line* 3 CCGs & 1 Acute Trust agreed with the recommendation and 1	

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	CCG & 2 Acute Trusts disagreed with recommendation 1 for 1st line therapy (it was noted that 1 CCG and 1 Acute Trust disagreed with the recommendation as they wanted to offer Spiolto and Duaklir Genuair as joint first line options). The remaining organisations did not specify whether they agreed or disagreed with recommendation 1 for 1st line therapy. *Recommendation 1 – 2nd line* 2 CCGs and 1 Acute Trust agreed with the Duaklir Genuair option for 2nd line therapy, 1 Acute trust wanted both Anoro Ellipta and Duaklir Genuair for the 2nd option. The remaining organisations did not confirm whether they agreed with Duaklir Genuair or Anoro Ellipta device for the 2nd line option. *Recommendation 2* 3 CCGs & 2 Acute Trusts agreed and 1 CCG & 1 Acute Trust disagreed. The remaining organisations did not specify whether they agreed with recommendation 2. *Recommendation 3* 3 CCGs agreed and 1 CCG & 2 Acute Trusts disagreed with recommendation 3. The remaining organisations did not specify whether they agreed or disagreed. *Recommendation 4* 4 CCGs and 3 Acute Trusts agreed with recommendation 4. The remaining organisations did not specify whether they agreed or disagreed. **Decisions** *Recommendation 1 – 1st line* On the basis that there is a greater body of evidence for the LAMA Tiotropium and that there was no head to head evidence which suggested a clinical advantage of one combination product over another; the committee supported the 1st line recommendation: Tiotropium/olodaterol – Spiolto® – Respimat device. The committee recommended Aclidinium/formoterol – Duaklir® – Genuair device as the 2nd line agent. The committee decided that there was no requirement to add the LABA olodaterol (Striverdi®) as a separate agent to the COPD guidance as there were already 2 well established LABAs included in the guidance. In light of the decision to support Aclidinium/formoterol – Duaklir® – Genuair device as the 2nd line agent, there was no requirement to make a decision on recommendation 3. The committee decided that indacaterol and glycopyrronium will be removed from the guidelines. It was recognised that there may	

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	be a cohort of exisiting patients using these devices and they should continue to have access to these inhalers until deemed clinically inappropriate, as the decision to remove these from the guidance is based on the rationalisation of the inhalers rather than for safety issues. CF queried what the status was of medication that was not included in a guideline and had not been subject to a full evidence review. BH informed CF that these medications would not be included on the LMMG website as it was not appropriate to designate a Black colour classification unless a full evidence review had been undertaken. **Actions** Tiotropium/olodaterol – Spiolto® – Respimat device will be put onto the LMMG website as green colour classification in line with the COPD guidelines. Aclidinium/formoterol – Duaklir® – Genuair device will be put onto the LMMG website as green colour classification on the LMMG website in line with the COPD guidelines. Remove indacaterol and glycopyrronium from the guidelines but recognise that there may be existing patients using these devices who should continue to do so until review identifies that continued use is clinically inappropriate.	**All actions BH**
2015/208	**Oxycodone/naloxone in restless leg syndrome** BH presented the paper, summarising the new medicine review and the draft recommendation which had been consulted on as follows:- Recomendation: Amber 0 Oxycodone hydrochloride/naloxone hydrochloride prolonged release tablets are recommended for use as symptomatic treatment of patients with severe to very severe restless legs syndrome after failure of or intolerance to all other currently recommended therapies (including dopaminergic therapy). The treatment of patients with restless legs syndrome with oxycodone/naloxone prolonged release tablets should be under the supervision of a Clinician with experience in the management of RLS and patients should be clinically evaluated at least every three months during therapy. Treatment should only be continued if it is considered effective and the benefit is considered to	

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	outweigh adverse effects and potential harms in individual patients. 7 of 8 CCGs, 2 of 4 Acute trusts and LCFT responded by the closing date. 2 CCGs agreed with the recommendation, 3 CCGs and 1 Acute Trusts did not agree with the recommendation. 2 CCGs and 1 Acute Trust did not specify whether they agreed or disagreed with the recommendation. 1 CCG proposed either red or black colour classification. LCFT confirmed that they would not initiate this medication. **Decision** The committee disagreed with the recommendation of Amber 0 due to the safety issues associated with long term use of opioids, the controlled drug status and potential for opioid abuse, a lack of evidence for use (beyond 1 year) and uncertainty around the mechanism of action and potential for tolerance to develop when used to treat restless legs syndrome. The committee decided upon a black colour classification. **Action** Oxycodone hydrochloride/naloxone hydrochloride will be made black colour classification on the LMMG website.	**BH**
2015/209	**Insulin glargine 300 units/mL in Type 2 Diabetes Mellitus** BH presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: Recommendation: Amber 0 Insulin glargine 300 units/mL (Toujeo®) is recommended as an option in patients with type 2 diabetes mellitus (T2DM) only in accordance with the recommendations in NICE CG 87 and in those who suffer from symptomatic nocturnal hypoglycaemia whilst being treated with a first-line long-acting insulin analogue. 5 out of 8 CCGs and 4 out of 4 Acute trusts responded by the closing date. 2 CCGs agreed with the recommendation and 3 CCGs disagreed with the recommendation. 3 Acute Trusts agreed with the recommendation and 1 Acute Trust disagreed with the recommendation. **Decision** The committee did not make a decision on the recommendation. It was decided that this item will be deferred and discussed alongside Insulin Glargine 300 units/mL in Type 1 Diabetes at the January LMMG meeting. **Action** Put onto the January LMMG agenda.	**BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/210	**LMMG - New Medicine Reviews Work Plan Update** BH discussed this paper; updating the LMMG on the current status of the work plan, as follows: <u>*Medications for recommendation for January LMMG*</u> Insulin Glargine – U300 – T1DM - summary of NICE evidence summary – agreed at the November LMMG meeting. Insulin Glargine Biosimilar – T1DM & T2DM – launched August 2015 – agreed that a position statement is needed. Antipsychotic long-acting injections – Schizophrenia - identified in March 2015, supporting information received 5/5/15. <u>*Medications for recommendation for February LMMG*</u> Lidocaine patches – neuropathic pain with adllodynia and/or hyperalgesia. Second line use of biologics – Crohn's. Second line use of biologics – Ulcerative Colitis. Tadalafil daily – ED. <u>*Medications for future review*</u> Lurasidone – Schizophrenia. Infliximab – Pyoderma Gangrenosum – a small number of requests have been received and considered via IFR, to develop commissioning position following clarification of place in therapy with dermatologists.. Infliximab biosimilar – all indications – agreed to produce a position statement. <u>*The following three medications have now been identified as urgent reviews, the following were discussed and decided and they were prioritised by the committee for review in the following order:*</u> Sodium Oxybate – Narcolepsy with cataplexy – a number of IFR requests have been received, this was agreed as the highest priority for review. Liothyronine – Persisting Lethergy despite levothyroxine replacement/Thyroid cancer awaiting ablative treatment – there are increasing patients numbers in the EL CCG area. PB will share Cumbria's evidence reviews on Liothyronine.	**PB**

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	Tapentadol prolonged release – Severe chronic pain in patients who cannot be adequately managed with only opioid analgesics – pain consultants have highlighted the desire to use this as soon as possible. It was highlighted that the LMMG had previously undertaken a review of this treatment in 2013. However, since that review additional evidence has been published. It was agreed that sodium oxybate would be given the highest priority for review followed by liothyronine. <u>*Medications currently on hold – awaiting licensing and launch*</u> Albiglutide/Dulaglutide – Diabetes – Agreed at Jan-15 LMMG, for a class review of GLP-1s once both dulaglutide and albiglutide launched. (Currently awaiting launch of albiglutide). Naltrexone/bupropion – Obesity – awaiting confirmed launch date. Liraglutide – Obesity – awaiting confirmed launch date. Insulin degludec & insulin aspartate (Rysodeg®) - awaiting confirmed launch date. <u>*Requests since last meeting*</u> Dulaglutide – the basis for the request is that it is non-inferior to Luraglutide, it may minimise sharps injuries and it has a broad licence. The committee decided that this did not meet the LMMG criteria for review and will not be added to the work plan. Ulipristal – pre operative treatment of patients with uterine fibroids – this is the first licensed product; it was agreed that this meets the LMMG criteria for review and will be added to the work plan. Quofora and Peristeen – a meeting on the 18th December and 20th January has been arranged with specialists to discuss the devices in line with the processes agreed for the review of medical devices. Quofora and Peristeen will be added to the work plan.	**BH** **BH**
GUIDELINES and INFORMATION LEAFLETS		
2015/211	**Neuropathic Pain Guidance** SM discussed the amendments to the guidance following the discussions at the November LMMG meeting. SM highlighted to the committee that the Lyrica® brand would remain in table 4 as this is the only brand of pregabalin which is specifically licensed for use in neuropathic pain. At the meeting, SM highlighted information from the GMC prescribing guidance, MHRA guidance, Royal College of	

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	Paediatrics and the British Pain Society and Association for Palliative Medicine of Great Britain and Ireland on the use of off license medicines. The committee considered and discussed the guidance at length. **Decisions** The committee decided that the word 'only' will be inserted before the sentence "for patients with post-herpetic neuralgia (associated with previous herpes zoster infection) at 4.4.4 Lidocaine 5% Plaster (Versatis®). The decisions of a "green colour classification – suitable for initiation in primary care in line with the Neuropathic Pain Guideline" was made by the committee for the following medicines in the Neuropathic Pain Guidance: Amitriptyline Gabapentin Pregabalin Duloxetine Capsaicin cream Carbamazepine Lidocaine 5% plaster – currently on the LMMG website. In light of the established evidence base for Amitriptyline, and taking consideration of the guidance on the use of off licensed medicines, the committee approved the document in its current form subject to the addition of the word 'only' referred to above. **Action** Insert the word 'only' at 4.4.4. of the guidance. Amitriptyline, gabapentin, pregabalin, duloxetine, capsaicin cream and carbamazepine will be put onto the LMMG website a green colour classification. The individual medicines recommendations, identified from previous LMMG guidance documents, which have not been added to the website will be brought back to the January LMMG meeting.	**All actions SM**
2015/212	**Lisdexamfetamine in adults with ADHD** BH discussed the paper, summarising a NICE 3 year (from 2011) and NICE 6 year (from 2015) surveillance review of NICE CG72 – Attention deficit hyperactivity disorder. In addition to the paper, CF also discussed a draft adult ADHD pathway which has been recently proposed by the ADHD Service.	

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	Decision The committee decided to consider the draft pathway further at the January LMMG once committee members have had the opportunity to study the pathway more fully. Pending the review of the pathway the decision relating Lisdexamfetamine in adults with ADHD was deferred. This will be brought back to the January LMMG meeting where a decision will be made. **Action** CF to forward the proposed pathway to MLCSU for circulation and comment. Lisdexamfetamine will be put onto the January LMMG agenda.	**CF** **BH**
2015/213	**Restless Leg Syndrome prescribing guideline** SM discussed the Restless Leg Syndrome (RLS) prescribing guideline including the evidence base for each treatment option and the potential place in therapy. 8 CCGs and 3 provider trusts responded to the consultation. 8 CCGs and 2 provider trust supported the guideline. UHMB did not specify as this patient group would be seen by LTHTR. F&W CCG supported the guidance with the proviso that pregabalin was not included as a treatment option. **Decision** The committee approved the Restless Leg Syndrome prescribing guideline, subject to it being updated to reflect a black colour classification for Targinact. The committee agreed that pramipexole and ropinirole should be added to the website as green and that a green restricted colour classification was appropriate for rotigotine patches and the alpha-2 delta ligands - gabapentin and pregabalin. **Action** Pramipexole and ropinirole will be added to the website as green. Rotigotine patches will be made green restricted colour classification on the website. Alpha-2 delta ligands - gabapentin and pregabalin – will be made green restricted on the website. The guideline will be uploaded to the LMMG website.	**All actions SM**
2015/214	**DMARD Shared Care Guideline**	

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	SM presented the DMARD Shared Care Guidelines following discussions with the Rheumatology Alliance around the increased monitoring for patients on combinations of treatments. It was highlighted that the Leflunomide and penicillamine monitoring recommendations have been cross referenced within the other DMARD shared care guidelines to ensure safety for patients on combination treatment. For clarification it was highlighted that patients who are prescribed Leflunomide alone will be monitored every 2 months and patients who are prescribed Leflunomide with an additional DMARD will be monitored monthly, long term. **Decision** The committee approved the guideline in its current form. **Action** The DMARD Shared Care Guideline will be uploaded to the LMMG website.	**SM**
2015/215	**Co-trimoxazole Shared Care** This item is deferred pending clarification from secondary care around referral criteria and will be discussed at the January 2016 LMMG meeting, subject to receipt of the required information.	
2015/216	**LMMG – Guidelines Work Plan update** SM discussed this paper: updating LMMG on the current status of the work plan, as follows: <u>*Due for approval at the January meeting*</u> Co-Trimoxazole Shared Care Guidelines – this will be brought to the January LMMG meeting. Colistimethate Sodium for inhalation. Prescribing Information Sheet – this is currently out to consultation and will be discussed at the January LMMG meeting. Annual review of colour classifications (List 1) – this was circulated in November and will be discussed at the January LMMG meeting. <u>*In development*</u> Update of the NOAC Guidelines – to be updated in response to TA 354. Requests have also been received to review and clarify units used for dose adjustments in renal impairment. Mycophenolate Unlicensed Indications Shared Care Guidelines – feedback has been received from the Rheumatology Alliance,	

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	further work is required prior to full consultation. The Guidelines will be sent to the MM Leads prior to full consultation. DMARD Shared Care Guidelines – discussed under agenda item 2015/214. Gastroenterology Biologics Pathway - Evidence review has been drafted. Met with ELHT gastroenterologists. To consult with the specialists prior to a full LMMG consultation. Apomorphine Shared Care Guidelines – LMMG comments have been fed back to LTHTR. Awaiting confirmation of lead for this work in order to progress further. *New additions* Best practice guideline for ordering and supply of incontinence and stoma products - It has been fed back to the CSU that there is concern around quantities of incontinence and stoma products supplied in primary care and the CSU has been asked to report on primary care usage of stoma products. The committee agreed that this will be added to the work plan *Other LMMG Work* Review of JIA biologics Pathway – awaiting feedback from the Rheumatology Alliance regarding impact of the NHS England Policy on the local LMMG position statement. Palliative Care Guidelines for Lancashire and Cumbria – the first meeting is arranged for January. Annual review of colour classifications – On-going process, first list for review circulated in November for discussion in January. SCN Headache Pathway – awaiting feedback from SCN. Dermatology Biologics Pathway – on hold.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/217	**New NICE Technology Appraisal Guidance for Medicines (November 2015)** SM presented this paper, the following actions were agreed: TA363 Ledipasvir – sofosbuvir for treating chronic hepatitis C – this is an NHS England commissioning responsibility. The committee agree a red colour classification. This will be added to the LMMG website as red with NHS England commissioning responsibility. TA364 Declatasvir for treating chronic hepatitis C – this is an NHS England commissioning responsibility. The committee agree a	

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	red colour classification. This will be added to the LMMG website as red with NHS England commissioning responsibility. TA365 Ombitasvir – paritaprevir – ritonavir with or without dasabuvir for treating chronic hepatitis C. This is an NHS England commissioning responsibility. The committee agree a red colour classification. This will be added to the LMMG website as red with NHS England commissioning responsibility. TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab - ritonavir with or without dasabuvir for treating chronic hepatitis C. This is an NHS England commissioning responsibility. The committee agree a red colour classification. This will be added to the LMMG website as red with NHS England commissioning responsibility. TA367 Vortioxetine for treating major depressive episodes – This is CCG commissioning responsibility. A green colour classification was agreed, this will be added to the LMMG website. TA368 – Apremilast for treating moderate to severe plaque psoriasis – this is a CCG commissioning responsibility. The committee agree a black colour classification. This will be added to the LMMG website as a black colour classification.	
2015/218	**New NHS England medicines commissioning policies (November 2015)** This item is deferred and will be discussed at the January 2016 LMMG meeting.	
2015/219	**Evidence reviews published by SMC or AWMSG (November 2015)** This item is deferred and will be discussed at the January 2016 LMMG meeting.	
PROCESS PROPOSALS		
2015/220	**Process for Annual Declarations of Interest** This item is deferred and will be discussed at the January 2016 LMMG meeting.	
2015/221	**Medical Devices Policy/Review Process** This item is deferred and will be discussed at the January 2016 LMMG meeting.	
ITEMS FOR INFORMATION		

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/222	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (24th November 2015)** This item is deferred and will be discussed at the January 2016 LMMG meeting.	
2015/223	**Minutes of the Lancashire CCG Network** This item is deferred and will be discussed at the January 2016 LMMG meeting.	

Date and time of the next meeting
14th January 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

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

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10.12.2015
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. **Update:** This is discussed under an agenda item.	**SM**	**03.12.15**	**Closed**
ACTION SHEET FROM THE 10th SEPTEMBER 2015 MEETING				
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:** NHS England have confirmed that their policy relates to adults who fall within the children's' services who need to transfer to the adults service at the age of 19. The NHS England policy has gone to the Rheumatology Alliance to see if the LMMG policy needs to be updated following this clarification. **Update:** this has been put onto the work plan.	**SM**	**03.12.15**	**Closed**
ACTION SHEET FROM THE 8th OCTOBER 2015 MEETING				
2015/162	**Declaration of interest pertinent to the agenda** MLCSU to review the declaration process with a view to introducing an annual declaration. **Update:** This is discussed under an agenda item.	**BH**	**03.12.15**	**Closed**
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. **Update:** NICE has confirmed that all 4 options should be available and will look into incidents around this. This has been put onto the work plan.	**CM**	**03.12.15**	**Closed**
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. **Update:** this is discussed under an agenda item. Quofara and Aquaflush will be discussed as part of the New Medicines Review section.	**BH**	**03.12.15**	**Closed**
ACTION SHEET FROM THE 12th NOVEMBER 2015 MEETING				
2015/186	**Lisdexamphetamine in adults with ADHD** CM will review the evidence, to determine the place in therapy for lisdexamfetamine dimesylate (Elvanse Adult®) in adults with ADHD in line with the other available products. **Update:** this is discussed under an agenda item. The principles used by the Royal College of Pediatrics around the use of unlicensed drugs will be considered and discussed at a subsequent LMMG meeting. **Update:** this will be discussed under the following agenda items: Neuropathic Pain Guidance and the Lisdexamphetamine in adults with ADHD.	**CM** **SM**	**03.12.15** **03.12.15**	**Closed** **Closed**
2015/191	**Apomorphine Shared Care Guidance** SM will link with LTHTR to feedback LMMG concerns regarding monitoring responsibilities and to further develop the shared care guideline. **Update:** awaiting feedback from a specialist from LTH.	**SM**	**07.01.15**	**Open**
2015/195	**Evidence reviews published by SMC or AWMSG (October 2015)** SMC recommendations published October 2015 1089/15 Ciclosporin (Ikervis®) **Action:** MLCSU will contact specialists to see if there is a requirement for its use. CM will feedback. **Update:** feedback from a specialist from ELHT has highlighted its use in a small number of patients. NICE TA due in December 2015 is awaited.	**CM**	**03.12.15**	**Closed**

2015/196	**New NICE Technology Appraisal Guidance for Medicines (October 2015)** NICE TA 358 Tolvaptan for treating autosomal dominant polycystic kidney disease **Action:** DJ will look into the recharging issues with Renal Services in light of the NICE costing statement. **Update:** DJ fedback following discussions with Renal Services; the lead pharmacist is keen to use blueteq. SM has drafted a blueteq form to identify the different brands and will forward to DJ once this is available.	**SM**	**07.01.15**	**Open**
2015/197	**New NHS England medicines commissioning policies (October 2015)** Time scale for the repatriation plan for patients under post-transplant immunosuppressant therapies and certain nebulised and inhaled drugs for cystic fibrosis. **Action:** AG will speak with Helen Potter for a copy of the latest correspondence regarding new patients under the repatriation plan. This will be brought back to LMMG. **Update:** Emails from Helen Potter have been circulated to CCG MM Leads confirming that timescales for local repatriation are still in the process of being defined. Patients currently in primary care will stay in the service; new patients will be picked up by the specialist service.	**AG**	**03.12.15**	**Closed**
ACTION SHEET FROM THE 10th DECEMBER 2015 MEETING				
2015/203	**Declaration of any other urgent business** DJ asked for clarification on behalf of the Renal Consultants with regard to the CCG decisions for Renavit. **Action:** SM will email the CCG Leads and ask them to update MLCSU with their commissioning positions for Renavit.	**SM**	**07.01.15**	**Open**
2015/210	**LMMG - New Medicine Reviews Work Plan Update** Sodium oxybate / Liothyronine / Tapentadol – sodium oxybate was agreed as the highest priority for review followed by liothyronine and then Tapentadol. PB will share Cumbria's evidence reviews on Liothyronine.	**BH** **PB**	**04.02.2015** **07.01.2015**	**Closed** **Closed**

2015/212	**Lisdexamphetamine in adults with ADHD** A proposed pathway for Lisdexamphetamine in adults was brought to the meeting **Action:** CF to forward the proposed pathway to MLCSU for circulation and comment. This will be discussed at the January LMMG meeting.	**CF / BH**	**07.01.2015**	**Open**