Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13 March 2014 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
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Gareth Price (GP)	Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Pervez Muzaffar (PM)	GP Prescribing Lead	NHS Blackburn with Darwen CCG
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG, NHS Blackburn with Darwen CCG
Nicola Schaffel	Medicines Optimisation Lead Pharmacist	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Dr Hari Nair (HN)	GP Prescribing Lead	NHS Greater Preston 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
Bob Harbin (BH)	Public Health Specialist	Lancashire County Council, Public Health Lancashire

IN ATTENDANCE:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Staffordshire and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Staffordshire and Lancashire CSU
Julie Lonsdale (JLon)	Head of Medicines Performance	NHS Staffordshire and Lancashire CSU
Warren Linley (WL)	Senior Medicines Commissioning Pharmacist	NHS Staffordshire and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Staffordshire and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/028	**Welcome & apologies for absence** The chair welcomed everyone to the meeting and introduced Dr Hari Nair who has joined LMMG to represent Greater Preston CCG. Dr Felicity Guest from Thornton Cleveleys was in attendance to observe the meeting. Apologies for absence were received on behalf of Dr David	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Shakespeare, Dr Sigrun Baier and Alastair Gibson. TN thanked WL for his work in support of the LMMG and wished him well for the future.	
2014/029	**Declarations of interest pertinent to agenda** None	
2014/030	**Declaration of any other urgent business** None.	
2014/031	**Minutes of the last meeting 13th February 2014** The minutes of the meeting dated 13th February 2014 were agreed as a true and accurate record. Updates from the action points from the December 2013, January 2014 and February 2014 meeting can be found by referring to the action sheet attached to the minutes.	
2014/032	**Matters arising (not on the agenda)** There were no matters arising from the minutes.	
NEW MEDICINES REVIEWS		
2014/033	**Tocilizumab monotherapy and Abatacept monotherapy for RA** WL discussed the consultation responses received following the draft new medicine recommendation for Tocilizumab monotherapy and Abatacept monotherapy for RA. WL explained the pathway on page 20 of the draft recommendation. The consultation responses received are summarised below; 5 CCGs agreed with the recommendation for Tocilizumab IV infusion monotherapy, none disagreed. 4 CCGs agreed with recommendation for Abatacept subcutaneous monotherapy, one CCG disagreed. 2 Acute Trusts and LCFT agreed with all the recommendations. CF thanked the CSU on behalf of Lizzie Macphie for the excellent evidence reviews carried out on Tocilizumab and Abatacept and for the work to support the Rheumatology Alliance. Following discussion all LMMG members present supported the recommendations in the draft paper for tocilizumab monotherapy. All members except Blackpool CCG supported the draft paper for abatacept monotherapy third line. The LMMG recommendation was agreed as written in the	

ITEM	SUMMARY OF DISCUSSION	ACTION
	consultation draft, that is; **Tocilizumab IV infusion monotherapy is recommended as a 1st or 2nd line option, and as the preferred 3rd line biologic in patients who cannot take methotrexate.** **Abatacept subcutaneous monotherapy is recommended only in patients who are unable to take methotrexate, who have moved through the commissioned pathway to 3rd line biologic treatment, and who experience an adverse reaction to the initial loading dose of tocilizumab monotherapy, or in whom tocilizumab is contraindicated, or who have already received tocilizumab as a 1st or 2nd line biologic agent.** **Actions**: BlueTeq forms to be developed to support the local recommendation. Pathway will be updated to reflect the recommendations. BlueTeq forms and pathway to state that clarity should be sought from CCGs for the local commissioning position as not all CCGs have agreed the recommendation. Simplify the RA pathway to separate out dual and monotherapy pathways	**JL** **BH** **JL/BH** **BH**
2014/034	**Horizon scanning Quarter 1 2014-15** BH discussed the medications in the Horizon scanning quarter 2014-15 to assist with priorities in the work plan. *Vedolizumab injection* (*Crohn's disease*) – awaiting confirmation whether this is commissioned by NHS England, this will determine whether this will be added to the work plan. *Eltrombopag oral Thrombocytopenia* – this will be sent out to consultation in the next week or so and brought back to the May LMMG. *Rivaroxaban* – evidence review will be undertaken when there is a launch date. All agreed that this will not be added to the work plan as this stage. *Insulin degludec and Insulin aspart injection* – as the launch date is planned for quarter 4 (2014/15) this will not be put onto the work plan at this stage. *Albiglutide – Type 2 diabetes - all* agreed that this will be added to the work plan. *Brimonidine – Rosacea* – all agreed that this will be added to the work plan.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Propranolol oral – all agreed that this was not a priority and will not be added to the work plan. *Aflibercept solution* – NICE Guidance, no evidence review is required. *Canagliflozin* – the evidence review is currently out for consultation. *Dabigatran* – pick up as part of VTE discussions with the networks. No evidence review is recommended at this stage. *Umeclidinium inhaler/Umeclidinium/vilanterol inhaler* – all agreed that these will be added to the work plan. *Ustekinumab injection* – NICE Guidance, no evidence review required at this stage. *Vedolizumab* (*Ulcerative Colitis*) – awaiting NHS England confirmation of responsible commissioner. *Loxapine* – NICE have previously reviewed this, the outcome was a terminated appraisal therefore the current recommendation as BLACK will remain in place for this medication. *Pegloticase injection* – not recommended by NICE, all agreed not to revisit this. *Meningo-coccal group B-vaccine injection* – all agreed that this will not go on the work plan. **Actions:** *Vedolizumab injection (Crohn's disease)* – await confirmation of whether this is commissioned by NHS England. *Eltrombopag oral Thrombocytopenia* – send out to consultation and bring to the May meeting. *Albiglutide* – add to the work plan. *Dabigatran* – pick up as part of VTE discussions with the networks. *Brimonidine – Rosacea* – add to the work plan. *Umeclidinium inhaler/Umeclidinium/vilanterol inhaler* – add these to the work plan. *Vedolizumab* (*Ulcerative Colitis*) – awaiting NHS England confirmation of responsible commissioner.	**All** **BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/035	**LMMG – New Medicine Reviews Work Plan update** BH discussed the new medicines evidence reviews and the following points were agreed upon:- *Lubiprostone, Eltrombopag* and *Alogliptin* will be brought to the May meeting. *Relvar Elipta* – due to go out to consultation to be brought back to the June meeting. *Certolizumab* – will be brought to the June meeting. *Vesomni* **–** discussed at the last meeting, this has been added to the work plan. *Eslicarbazepine* – still on hold awaiting a completed application form from the requesting clinician. *Dapoxetine* – this will be added to the work plan. *Magnesium Sachets* – waiting for further information from the requester. *Peristeen/Quofora* – BH to look at this policy and bring to a future meeting. *Caphason* – discussed under matters arising. *Nalmefene* – discussed under matters arising. *Fluarix Tetra* – discussed under matters arising. *Flutiform* – a request for this has been received since the last meeting. LMMG agreed that as there is a local decision in place for this medicine BH to reply to the requesting clinician informing them that the local decision has already been made and will remain as a Black RAG status. *Switching anti-TNFs in Psoriatic arthritis* – all agreed to keep this on hold until after the evidence review is completed for certiolizumab after the June meeting. *Rivaroxaba*n – awaiting clarity from the Clinical network. Rivaroxaban (low dose for ACS) - contact the company to find out the launch date. *Albiglutide* – discussed under horizon scanning, to be added to	

ITEM	SUMMARY OF DISCUSSION	ACTION
	the work plan. *Non-valvular AF* – awaiting clarity from the Clinical Network. **Actions:** *Lubiprostone, Eltrombopag* and *Alogliptin* - will be brought to the May meeting. *Relvar Elipta* – due to go out to consultation to be brought back to the June meeting *Certolizumab* – will be brought to the June meeting. *Dapoxetine* – add to the workplan. *Peristeen/Quofora* – BH to look at this policy and bring to a future meeting. *Flutiform* - BH to reply to Royal Blackburn Hospital informing of the local decision made as Black RAG status. *Rivaroxaba*n – awaiting clarity from the Clinical network. Rivaroxaban (low dose for ACS) - contact the company to find out the launch date. *Albiglutide* – put onto the agenda. *Non-valvular AF* – awaiting clarity from the Clinical Network.	**All actions BH**

NATIONAL DECISIONS FOR IMPLEMENTATION		
2014/036	**New NICE Technology Appraisal Guidance for Medicines February 2014** EJ gave an overview of the NICE TAGs published in February 2014. *TA305 Macular oedema (central retinal vein occlusion) - aflibercept solution for injection* **–** NICE are supporting this under a patient access scheme. A Blueteq form will be created in line with the NICE Guidance and to make the RAG status as red. *TA306 Lymphoma (non-Hodgkin's relapsed, refractory) – pixantrone (monotherapy)* **– this** is for information only as it is an NHS England responsibility: a BlueTeq form is not needed. The RAG status will be made red on the LMMG website.	**JL** **JL**

2014/037	**New NHS England medicines commissioning policies February 2014** There were no new NHS England commission policies published in February 2014	
GUIDELINES and INFORMATION LEAFLETS		
2014/038	**Asthma guidelines** JL summarised the comments received from the second consultation of the Asthma Summary Guidelines. JL read out the comments from Blackpool acute trust as these were received after the papers were sent out:- It was not clear whether the SABA in steps 2 – 4 should read 'when required or regular use of' - JL will add '' prn' into Steps 2, 3 and 4. Step 3a should say 'if benefit from LABA but control is still inadequate.' JL will find out what BTS say for 'when to step down' and amend accordingly. A discussion took place about the guidelines giving 1st line options only and no 2nd or 3rd line options. - Due to local variation it was decided to leave the 1st line option only in the guidance (based on cost effectiveness) and state that 2nd and 3rd line options are to be discussed locally. Also a statement will be put at the front of the guideline to state the same. A discussion took place around whether Qvar easibreathe should be first line choice in place of the MDI inhaler. A decision was made to add it as an option. The maximum dose for Fostair was to be amended to 8 puffs in a 24 hour period. **Actions:** Future guidelines – produce a scoping document to be reviewed by LMMG prior to commencing the work. Add in 'prn' into Steps 2, 3 and 4. Amend Step 3a to say 'if benefit from LABA but control is still inadequate.' Find out from BTS for 'when to step down' and amend	**JL** **JL** **JL**

	accordingly. Amend the guidance and add a statement on the LMMG website to state Qvar easibreathe as an option for 1st line inhaler at step 2 and to consult locally for all the 2nd and 3rd line options. The maximum dose for Fostair to be amended to 8 puffs in a 24 hour period and state for adults only.	**JL** **JL** **JL**
2014/039	**COPD guidelines** JL summarised the amendments made as a result of last month's comments on the COPD guidelines and discussed the comments from F&WCCG It was decided for clarity that the Step boxes on the flow chart should be removed. A final check will be undertaken to ensure that the arrows linking the correct boxes in the flow chart are correctly placed. 'Restricted use check local arrangements' will be added in for Aclidinium. F&WCCG had requested that terbutaline be added as an option for a SABA. LMMG decided that this was not needed as salbutamol is clearly first line. **Action:** Remove the Step boxes on the flow chart. Check the arrows are correctly placed linking the correct boxes in the flow chart. Add in 'restricted use check local arrangements' for Aclidinium.	 **JL** **JL** **JL**
2014/040	**PbR Excluded drugs policy** JL presented the comments from the PbR Excluded drugs summary. The document is a working document and will be updated monthly. The document was discussed and agreed subject to the actions below: **Actions:** *Certolizumab pegol (Cimzia®)* – bring to the June LMMG. *Tocilizumab* – add in flex for monotherapy. *Alteplase (Actilyse®) for massive pulmonary embolism* – LMMG made the decision to amend the colour status to Red. Check if this should not be recharged separately as per other indications: to check with contacting colleagues. *Botulinum A toxin* – LMMG agreed to change the colour status to	

	red for all indications. BlueTeq forms will be created. Clarity to be sought from NHSE around the commissioning for MS related indications. Botulinum B toxin (NeuroBloc®) – LMMG agreed to leave the colour status as grey and seek clarity on the responsible commissioner. *Aflibercept (VEGF Trap®)* for Macular oedema – LMMG agreed to change the colour status to red. *Teriparatide (Forsteo®)* – Osteoporosis in men – amend to say that this is commissioned by NHS England. *Afemelanotide* – leave as grey and state that request should be made via the IFR route. *Digoxin immune fab (DigiFab®)* – change the status to red. *Fomepizole (Antizol®)* – change the status to red. *Iloprost Trometamol (Ventavis®) injection* – remove the brand. *Dibotermin Alpha/Eptotermin Alpha* – these will be checked with NHS England. *Abatacept* monotherapy flex to be added in Add a note to the document to state that where the colour status is grey a position has yet been developed and the IFR route should be used. The document and website will also be updated after decisions have been made.	**All actions JL**
2014/041	**Denosumab prescribing information/shared care guideline** JL presented the consultation responses from the Denosumab prescribing shared care guidelines together with the amendments carried out to the guidelines following comments. LMMG members supported the shared care document. It was discussed and agreed to remove the highlighted sentences under Secondary Care Responsibilities and Primary Care Responsibilities 'request copies of test results for the patient's GP by completing the "copy to" section on the pathology form. It was discussed to change the wording as follows 'the specialist to advise when DXA scan should be reviewed.' JL discussed the MTRAC Commissioning Support document which was received after the distribution of the Denosumab papers. The following points in the MTRAC paper were raised and discussed:-	

	• The MTRAC committee consider that the administration of the first two injections should take place in secondary care before transfer to primary care – after a discussion the LMMG members agreed that the guideline will still state the 1st injection. • MTRAC recommend referral back to secondary care every 3 years – the LMMG specialists suggested every 2 years. All agreed that 2 year referral will remain as the recommendation. **Actions:** Remove the highlighted sentences under Secondary Care Responsibilities and Primary Care Responsibilities 'request copies of test results for the patient's GP by completing the "copy to" section on the pathology form. Change the wording as follows 'the specialist to advise when DXA scan should be reviewed.'	**JL** **JL**
2014/042	**Guidelines work plan update** The implementation of a process to ensure robust processes for the development of guidelines was discussed. A scoping document will be brought to the committee to determine what currently exists and to allow the prioritisation of work. Everyone agreed in favour of this. For more effective practice, a suggestion was made to change the current process for producing guidelines. JL will bring a paper to the next meet with a proposal to include consultants and specialists in the initial stages of the production of the draft guidelines. *Specials alternative document* – due to a query regarding duplication and copyrights this is currently on hold. *ADHD GP annual assessment document* – this will be going out to consultation shortly and will be brought to the May LMMG. **Actions:** Bring a paper to the next meet with a proposal to include consultants and specialists in the stages of the draft production of the guidelines and to include a scoping document for new guidelines.	**JL**
ITEMS FOR INFORMATION		
2014/043	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee minutes** No meeting in February 2014.	
2014/044	**Minutes of the Lancashire CCG Network minutes** This item was brought to the meeting for information. For clarity	

	on an items raised in these minutes please contact TN.	

Date and time of the next meeting
The next meeting will take place on

Thursday 10th April 2014

9.30 am to 11.30 am

Meeting Room 1

Preston Business Centre

ACTION SHEETS FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
MEETINGS

MINUTE NUMBER	DECSRIPTION	ACTION	DUE DATE	STATUS OPEN/CLOSED
	MATTERS ARISING: ACTION SHEET FROM THE MEETING ON 12 DECEMBER 2013			
2013/150	**2013/150 Melatonin** **Action:** Obtain shared care protocols that exist in Cumbria – provide process documents from Lancashire Care FT and prescribing date **Update:** PB send shared care protocol**/**LCFT have supplied the data	**CF**	**10.02.14**	**Closed**
	Action: Prescribing data required from acute trusts **Update**: GP has sent prescribing data and will send item figures outside of the meeting.	**GP**	**10.02.14**	**Open**
	WL requested data from other trust's – WL will resend the data request out to all acute trusts	**WL**	**24.02.14**	**Open**
2013/160	**2013/160 Lancashire RAG List Harmonisation** **Update:** CSU still awaiting responses from CCGs	**CCG Med Man Leads**	**03.04.14**	**Open**
2013/170	**Horizon Scanning Quarter 4 2013/14** **Action:** Lurasidone – Schizophrenia **Update**: this is not a high priority and will be brought back to LMMG after consideration by LCFT.	**CF**	**20.03.14**	**Closed**
	BH to put a statement on the LMMG website stating that LCFT have advised not to prescribe until the review is completed/mark the RAG status as grey.	**BH**	**20.03.14**	**Closed**
2013/176	**Lancashire Shared Care Guidelines** **Action:** LW has shared the responses received from Blackpool, Fylde & Wyre, Lancashire North and East Lancs. **Update:** JL has sent these out for further comments, work will start on DMARDs first	**JL**	**03.04.14**	**Open**
	MATTERS ARISING: ACTION SHEET FROM THE MEETING ON 9 JANUARY 2014			
2014/077	**LMMG – New medicines review work plan update** **Action:** Ticagrelor pathway – WL to look at the draft of Ticagrelor pathway and bring to the			

	March meeting. **Update:** Dr Galasko provide a protocol for the use of Ticagrelor. WL seeking clarification on the RAG status. The current RAG status is Amber0 on the LMMG website in line the NICE TA. This will be brought back to a future LMMG meeting – possibly May.	**WL**	**25/03/14**	**Open**
2014/011	**Terms of reference review** **Action:** BH to speak with Julie Cheatham (CCG Network) for a list of clinical networks and their TOR for information. **Update:** BH still awaits an update from Julie	**BH**	**03.04.14**	**Open**
	MATTERS ARISING: ACTION SHEET FROM THE MEETING ON 13 FEBRUARY 2014			
2014/019	**Newer long-acting bronchodilators for COPD** **Action:** carry out further evidence review for Respimat. Contact MHRA to find out their view on the evidence. Send the information out to consultation. **Update**: await the outcome of the MHRA trial results next month. This is on the next LMMG agenda.	**WL**	**03.04.14**	**Open**
2014/020	**LMMG – New Medicine Review work plan update** **Action**: Vesomni (Solifenacin and tamsulosin) – draft a short process for discussion at the next meeting. **Update:** this is on the work plan.	**BH**	**03.04.14**	**Closed**
	Peristeen **Update**: the Fylde policy on this has been received. Review for the May LMMG.	**BH**	**01.05.14**	**Open**
	Caphason **Action**: speak with Radiotheraphy Services to determine the policy position in Preston. **Update**: GP is still chasing this.	**GP**	**03.04.14**	**Open**
	Nalmefene **Action:** discuss with Tom Woodcock about the pathway regarding substance misuse. **Update:** Public Health does not commission the full pathway/discuss with Tom Woodcock after the NICE review in November.	**PH responsibility**	**13.11.14**	**Open**
	Make the RAG status grey on the LMMG website.	**BH**	**03.04.14**	**Closed**
	Fluarix Tetra **Action:** discuss issue with Public Health including collaborative working between Public			

	Health and the 3 local authorities. **Update**: BHarb has received an email from NHS England with their views. BHarb will speak with Sheila Garnett regarding vaccination issues. Collaborative working – BHarb will draft a suggestion to discuss with TN and EJ outside of the meeting. **Action**: BH to update website not to prescribe until formal commissioning position is clear from NHS England, RAG status to be made grey. **Action:** Message to be sent to CCG internal communications network to practices. **Action:** insert in LMMG newsletter information regarding the above.	**PH responsibility** **BH** **MM Leads/CCG** **BH**	**03.04.14** **03.04.14** **03.04.14** **20.03.14**	**Open** **Closed** **Open** **Open**
2014/021	**New NICE Technology Appraisal Guidance for Medicines Janaury 2014** **Action:** Teriflunomide (Multiple Sclerosis relapsing); add the red traffic light status to formularies. **Update**: updated on the website/no feedback received from CCGs. Decision made to close this action.	**All CCG leads to consider in decision making groups**		**Closed**
-	**Any other business** **Action:** Infant feeds – GP to forward feedback from clinicians regarding the criteria for discharge. **Update:** GP has forwarded the information. **Action:** JL has asked for further clarity – ongoing work to be brought back to a future meeting.	**GP** **JL**	**10.03.14** **03.04.14**	**Closed** **Ongoing**
	ACTION SHEET FROM THE MEETING ON 13 MARCH 2014			
2014/033	**Tocilizumab monotherapy and Abatacept monotherapy for RA** **Actions:** BlueTeq forms will be developed to reflect that not all CCGs agree with this recommendation and to refer to the CCG for the local commissioning position. The pathway will be updated to reflect that not all CCGs agree with this recommendation and to refer to the CCG for the local commissioning position. BH to redraft and simplify the pathway.	**JL** **BH** **BH**	**03.04.14** **03.04.14** **03.04.14**	**Open** **Open** **Open**
2014/034	**Horizon Scanning Quarter 1 2014-15** **Actions:**			

	Vedolizumab injection (Crohn's disease) – await confirmation of whether this is commissioned by NHS England.	**BH**	**03.04.14**	**Open**
	Eltrombopag oral Thrombocytopenia – send out to consultation and bring to the May meeting.	**BH**	**01.05.14**	**Closed**
	Albiglutide – add to the work plan.	**BH**	**03.04.14**	**Closed**
	Dabigatran – pick up as part of VTE discussions with the networks.	**BH**	**03.04.14**	**Closed**
	Brimonidine – Rosacea – add to the work plan.	**BH**	**03.04.14**	**Closed**
	Umeclidinium inhaler/Umeclidinium/vilanterol inhaler – add these to the work plan.	**BH**	**03.04.14**	**Closed**
	Vedolizumab (*Ulcerative Colitis*) – awaiting NHS England confirmation of responsible commissioner.	**BH**	**03.04.14**	**Open**
2014/035	**LMMG – New Medicine Reviews work plan update** **Actions:** *Lubiprostone, Eltrombopag* and *Alogliptin* - will be brought to the May meeting.	**BH**	**08.05.14**	**Closed**
	Relvar Elipta – due to go out to consultation to be brought back to the June meeting.	**BH**	**12.06.14**	**Closed**
	Certolizumab – will be brought to the June meeting.	**BH**	**12.06.14**	**Closed**
	Dapoxetine – add to the work plan.	**BH**	**10.04.14**	**Closed**
	Peristeen/Quofora – BH to look at this policy and bring to a future meeting.	**BH**	**01.05.14**	**Open**
	Flutiform - BH to reply to Royal Blackburn Hospital informing of the local decision made as Black RAG status.	**BH**	**03.04.14**	**Closed**
	*Rivaroxaba*n – awaiting clarity from the Clinical network.	**BH**	**03.04.14**	**Open**
	Rivaroxaban (low dose for ACS) - contact the company to find out the launch date.	**BH**	**03.04.14**	**Open**
	Albiglutide – put onto the work plan.	**BH**	**03.04.14**	**Closed**
	Non-valvular AF – awaiting clarity from the Clinical Network.	**BH**	**03.04.14**	**Open**

2014/036	**New NICE Technology Appraisal Guidance for Medicines February 2014** **Macular oedema - Aflibercept** **Action:** A Blueteq form will be created in line with the NICE Guidance/ make the RAG status as red on the LMMG website. **Lymphoma – Pixantrone monotherapy** Make the RAG status red on the LMMG website.	**JL** **JL**	**20.03.14** **03.04.14**	**Closed** **Closed**
2014/038	**Asthma guidelines** **Actions:** Add in ‘’regular inhaled SABA prn’ into Step 2 and Step 3. Include prn everywhere. Amend Step 3a to say ‘if benefit from LABA but controlled is still inadequate.’ JLon will find out from BTS for ‘when to step down’ and amend accordingly. Future guidelines – produce a scoping document to be reviewed by LMMG prior to commencing the work. Amend the guidance and add a statement on the LMMG website to state qvar easibreathe as the 1st line inhaler and to consult locally for the 2nd and 3rd line options.	**JL** **JL** **JL** **JL** **JL**	**20.03.14** **20.03.14** **20.03.14** **20.03.14** **20.03.14**	**Closed** **Closed** **Closed** **Closed** **Closed**
2014/039	**COPD guidelines** **Actions:** Remove the Step boxes on the flow chart. Check the arrows are correctly placed linking the correct boxes in the flow chart. Add in ‘restricted use check local arrangements’ for Aclidinium	**All actions JLon**	**All actions 20.03.14**	**Closed**
2014/040	**PbR Excluded drugs policy** **Actions:** *Tocilizumab* – add in flexi monotherapy. *Alteplase (Actilyse®) for massive pulmonary embolism* – LMMG made the decision to amend the colour status to Red. Check if this should not be recharged separately as per other	**JL** **JL**	**20.03.14** **20.03.14**	**Closed** **Closed**

	indications: to check with contacting colleagues. *Botulinum A toxin* – LMMG agreed to change the colour status to red for all indications. BlueTeq forms will be created. Clarity to be sought from NHSE around the commissioning for MS related indications. Botulinum B toxin (NeuroBloc®) – LMMG agreed to leave the colour status as grey and seek clarity on the responsible commissioner. *Aflibercept (VEGF Trap®)* for Macular oedema – LMMG agreed to change the colour status to red. *Teriparatide (Forsteo®)* – Osteoporosis in men – amend to say that this is commissioned by NHS England. *Afemelanotide* – leave as grey and state that request should be made via the IFR route. *Digoxin immune fab (DigiFab®)* – change the status to red. *Fomepizole (Antizol®)* – change the status to red. *Iloprost Trometamol (Ventavis®) injection* – remove the brand. *Dibotermin Alpha/Eptotermin Alpha* – these will be checked with NHS England. Abatacept monotherapy flex to be added in Add a note to the document to state that where the colour status is grey a position has yet been developed and the IFR route should be used. The document and website will also be updated after decisions have been made.	**JL** **JL** **JL** **JL** **JL** **JL** **JL** **JL** **JL** **JL**	**20.03.14** **20.03.14** **20.03.14** **20.03.14** **20.03.14** **20.03.14** **20.03.14** **20.03.14** **20.03.14**	**Closed** **Closed** **Closed** **Closed** **Closed** **Closed** **Closed** **Closed** **Closed**
2014/041	**Denosumab prescribing information/shared care guideline** **Actions:** Remove the highlighted sentences under Secondary Care Responsibilities and Primary Care Responsibilities 'request copies of test results for the patient's GP by completing the "copy to" section on the pathology form. Change the wording as follows 'the specialist to advise when DXA scan should be reviewed.'	**All** **JL**	**20.03.14**	**Closed**

	Amend the recommendation to state '1st injection will be administered in secondary care before transfer to primary care.			
2014/042	**Guidelines work plan update** Bring a paper to the next meet with a proposal to include consultants and specialists in the stages of the draft production of the guidelines. *ADHD GP annual assessed document* – this will be going out to consultation and be brought back to the May LMMG.	**JL** **JL**	**03.04.14** **01.05.14**	**Open** **Open**