

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 12th April 2018 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
Vince Goodey (VG)	Assistant Director of Pharmacy	East Lancashire Hospitals NHS Trust
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Judith Argall (JG)	Lead Pharmacist – Medicines Governance	Lancashire Teaching Hospitals NHS Foundation Trust
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
John Vaughan (JV)	Medicines Commissioning Pharmacist	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Morecambe Bay CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Rebecca Bond	Medicines Optimisation Team Leader	NHS Fylde and Wyre CCG

IN ATTENDANCE:

David Prayle (DP)	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
2018/063	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Julie Lonsdale, Lisa Rogan, Christine Woffindin, Brent Horrell, Adam Grainger, David Jones and Joanne McEntee.</p> <p>It was noted that Rebecca Bond was in attendance on behalf of Julie Lonsdale, John Vaughan on behalf of Lisa Rogan, Vince Goodey on behalf of Christine Woffindin and Judith Argall on behalf of David Jones.</p>	
2018/064	<p>Declaration of any other urgent business</p> <p>None.</p>	
2018/065	<p>Declarations of interest pertinent to agenda</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	None.	
2018/066	<p>Minutes of the last meeting (8th March 2018)</p> <p>The minutes of the meeting dated 8th March were agreed as a true and accurate record.</p>	
2018/067	<p>Matters arising (not on the agenda)</p> <p><u>Ratification of recommendations from the March 2018 meeting</u> The following recommendations made at the March 2018 meeting were ratified by the group as follows:</p> <p>2018/047 <i>Trelegy Ellipa</i> ▼ for COPD – Green restricted colour classification.</p> <p>2018/050 <i>Low Molecular Weight Heparins guideline</i> – amendments made to the guideline were approved by the group.</p> <p>2018/051 <i>Psoriasis guideline update</i> – amendments made to the guideline were approved by the group.</p> <p>2018/052 <i>Ulipristal(Esmya®) for uterine fibroids MHRA alert</i> – change of RAG status from Amber 0 to Black.</p> <p>2018/056 <i>Eluxadoline guideline scoping (update)</i> – Red RAG status in light of MHRA alert.</p> <p><u>February 2018 minutes – 2018/027 Allergic Rhinitis & Dymista® in Primary Care</u> In light of correspondence received from a clinician, DP proposed that additional information will be included in the February minutes in support of the recommendation not to prioritise Dymista® for a review. Reference to OTC policies will be included together with reference to cost pressures and the lack of comparator data against other similar products. The group approved the update to the minutes.</p> <p><u>Melatonin</u> DP summarised the current position of melatonin in the following indications:</p> <p>Children and adults with learning disabilities and neurodevelopmental disorders – Grey RAG rating. LCFT has provided a response regarding children and adults with learning disabilities and neurodevelopmental disorders, this will be considered and brought to the next meeting for discussion. Children with autism will also be discussed as part of this indication.</p> <p>Adults with ADHD new initiation – Black RAG rating.</p>	<p>DP</p> <p>DP</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Children with ADHD already established on Melatonin – refer to local commissioning arrangements.</p> <p>New initiation of Melatonin in children with ADHD – Red RAG rating.</p> <p>Circadin® over 55s for insomnia – Black RAG rating.</p> <p><u>Annual Declarations</u> TN informed that group that MLCSU will be starting the annual declaration process for LMMG members for the period 2017-18 following this meeting.</p> <p><u>Annual report</u> Work will be starting soon on the LMMG Annual Report; TN asked the group to ensure that decisions are recorded on local websites and fed back to the CSU Medicines Management Team so that these can be incorporated into the report.</p> <p><u>LMMG decision making</u> GA provided an update to the LMMG decision making process. An initial meeting is currently being arranged for a task and finish group for Chief Pharmacists and MM Leads to discuss and address issues. The recommendations could then go to Collaborative Commissioning Board and Care Professionals Board at STP level.</p>	
NEW MEDICINES REVIEWS		
2018/068	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>DP discussed the paper; updating the group on the status of the work plan as follows:</p> <p><u>Medicines for discussion at the May LMMG meeting</u> Lisdexamfetamine – management of ADHD in children and adolescents.</p> <p><u>Medicines for discussion at a future LMMG meeting</u> Rivaroxaban – extended prophylaxis VTE – license extension – potential cost pressure.</p> <p>Guanfacine – treatment of adult ADHD – LCFT are reviewing this following the new NICE guidance. This will be taken through LCFT D&T and brought to LMMG thereafter.</p>	

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	<p><u><i>New medicines reviews – on hold, awaiting licensing or launch</i></u> Immediate release fentanyl preparations – treatment of pain in palliative care patients – a response is awaited from the palliative care consultants.</p> <p>Cariprazine – treatment of schizophrenia – requires prioritisation by LCFT D&T Committee meeting before a review is progressed.</p> <p>Tapentadol – for complex neuropathic pain in palliative care patients – awaiting a response from the palliative care team.</p> <p>Imiquimod – basal cell carcinoma – primary care request to prescribe in line with NICE Skin Cancer guidance.</p> <p>Probiotics – Pouchitis – consultant Gastroenterologist Blackpool Victoria Hospital – F&W and Blackpool CCGs have a policy for probiotics. MLCSU will review the policy and either align with their policy or develop an LMMG policy.</p>	
GUIDELINES and INFORMATION LEAFLETS		
2018/069	<p>Behavioural and Psychological Symptoms of Dementia guideline in Primary and Secondary Care</p> <p>DP presented the Behavioural and Psychological Symptoms of Dementia (BPSD) guideline.</p> <p>Responses were received from three CCGs and two provider trusts. All those that responded agreed with the guidelines.</p> <p>Decision The group considered the comments raised and approved the guideline as amended in its current form.</p> <p>Action The BPSD guideline will be uploaded to the LMMG website.</p>	DP
2018/070	<p>Diabetes guideline update</p> <p>DP discussed the update to the Diabetes guideline which had been considered in light of points raised by the manufacturer of canagliflozin in relation to the sequencing information for SGLT2 inhibitors</p> <p>DP highlighted that the impact of impaired renal function on sitagliptin and dulaglutide has been updated in appendix B. Also, new information for glimepiride was added. The changes made are in line with SPC. The group approved the additions to the Diabetes guideline.</p>	

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	<p>Action DP will update the LMMG website with the amended Diabetes guideline.</p>	
2018/071	<p>Chronic Obstructive Pulmonary Disease guideline</p> <p>DP discussed the Chronic Obstructive Pulmonary Disease (COPD) guideline which had been updated to include Trelegy Ellipta following the approval by LMMG of Trelegy Ellipta for the treatment of COPD.</p> <p>Decision The amendments made to the COPD guideline were discussed and approved by the group.</p> <p>Action The amended COPD Desktop Guideline will be uploaded to the LMMG website.</p>	DP
2019/072	<p>Denosumab shared care guideline update</p> <p>DP presented the Denosumab shared care guideline which was updated to include the treatment of men with osteoporosis, data to support the use of denosumab in men and a review of the contents of the guideline.</p> <p>Responses were received from six CCGs and four provider trusts. All agreed with the position statement.</p> <p>Decision The group discussed and approved the amendments made to the Denosumab shared care guideline. The group agreed that no further changes were required.</p> <p>Action The Denosumab shared care guideline will be uploaded to the LMMG website.</p>	DP
2017/073	<p>Disease Modifying Anti-Rheumatic Drugs shared care guideline</p> <p>DP discussed the Disease Modifying Anti-Rheumatic Drugs (DMARDs) shared care guideline agreement form.</p> <p>One of eight CCGs and two of five provider trusts responded by the closing date. One provider trust supported the shared care agreement form and one provider trust did not. The responding CCG provided comments only.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Decision The group discussed and approved the DMARDs shared care guideline subject to the following amendments:</p> <p>MLCSU will modify an electronic version for the website with the inclusion of some free-text boxes where this is possible.</p> <p>It was agreed that the agreement form did not require a separate part for patients to fill in, a copy of the form provided by GP/consultant is adequate.</p> <p>Free text boxes will be included on the form for drug monitoring and duration of treatment.</p> <p>The statement will remain in the form – <i>“When the request for shared care is made by a Specialist Nurse, it is the supervising consultant who takes medicolegal responsibility for the agreement”</i>.</p> <p>Action The DMARDs shared care will be amended in line with the discussions above and uploaded to the LMMG website.</p>	<p>DP</p>
<p>2018/074</p>	<p>Botox for cosmetic use</p> <p>A new policy for Botox for cosmetic use is being adopted by all CCGs through the Clinical Policy Development Group (CPDIG). Historically, some CCGs had individual policies containing a statement which did not recommend the use of Botox for purely cosmetic purposes. During discussions at CPDIG it was felt that it was more appropriate for Botox to sit within LMMG recommendations due to disparities between CCG policies and LMMG recommendations. The statement around Botox for the use for cosmetic purposes is not in the CPDIG policy which has been adopted. The group approved that a formal statement can be put on to the High Cost Drugs section of the website which states that Botox is not supported for the management of excessive facial wrinkles / ageing and purely cosmetic purposes.</p> <p>A question was raised regarding LMMG recommendations and CPDIG policy decisions which impact on the usage of PbR excluded drugs and not just the prescribing. It was decided that this could be discussed further via the LMMG decision making discussions.</p>	
<p>2018/075</p>	<p>Antipsychotic Shared Care guideline</p> <p>DP and SR discussed the amendments made to the Antipsychotic Shared Care guideline following the meeting regarding monitoring</p>	

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	<p>arrangement between LCFT representatives, primary care, CCGs and MLCSU.</p> <p>Decision The amendments made were discussed and approved by the group subject to the following amendments:</p> <p>The sentence will be amended to include the wording in the brackets under LCFT responsibilities which currently states - <i>LCFT pharmacy staff will contact the CCG medicines management team (if there are persisting failed responses) and ask for this to be followed up with the GP practices.</i></p> <p>The information in the section 'Monitoring required in Primary Care' will be updated to include the monitoring of other general health conditions which was added to the 'Primary Care Responsibilities' section. Also, the prolactin level monitoring in the appendix 1 form will be added to the Primary Care Responsibilities section.</p> <p>The shared care template letter will be included in the appendix of the document.</p> <p>Action The Antipsychotic Shared Care guideline will be updated by SR in in line with the discussions above. The appendix to the shared care guideline will be presented for ratification at a future meeting of the LMMG. DP will then arrange for this to be put on the LMMG website.</p>	SR/DP
2018/076	<p>NHSE Shared Care guideline</p> <p>DP discussed the NHSE document 'Responsibility for Prescribing Between Primary and Secondary/Tertiary Care.'</p> <p>Decision The group discussed the contents of the NHSE document. It was decided by the group that there are no current actions to take with existing current LMMG shared care guidelines. The group acknowledged that the intention of the document was to provide clarity on normal clinical practice. The principles in the document will be considered when developing future LMMG shared care documents.</p> <p>A discussion took place regarding a patient information leaflet; it was decided by the group that this was not required due to the complexities of developing one generic shared care information leaflet.</p> <p>Action</p>	DP

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	A link to the NHSE document will be put on the shared care section of the LMMG website.	
2018/077	<p>Flash Glucose Monitoring FreeStyle Libre® Patient Information sheet and Prescriber information leaflet</p> <p>DP presented the Flash glucose monitoring FreeStyle Libre® patient information and prescriber information leaflets which were developed to inform patients and GPs that request further details on the availability of the FreeStyle Libre® device prior to the decision which is due to be made in September 2018 by the Joint Committee of the CCGs.</p> <p>Decision The group discussed the information leaflets and decided that to better highlight the current position the information on page 2 will be reordered and placed under the first heading on page 1- <i>What is Flash Glucose Monitoring (FreeStyle Libre®)?</i></p> <p>Similarly, the heading Recommendations in the prescriber information leaflet, for Flash Glucose Monitoring (FreeStyle Libre®) will be reordered and inserted at the beginning of the leaflet.</p> <p>Action The FreeStyle Libre® patient information and prescriber information leaflets will be reordered and uploaded to the LMMG website.</p>	DP
2018/078	<p>LMMG – Guidelines Work Plan update</p> <p>DP discussed the paper; updating LMMG on the status of the work plan as follows:</p> <p><u><i>For discussion at the May meeting</i></u> Stroke guidance – updated in line with new pathways and current practice.</p> <p>Psoriasis expansion guidelines – to include all non-biological high cost drugs used for the treatment of psoriasis</p> <p><u><i>For discussion at the June meeting</i></u> ADHD SCG update – current LMMG guidance to be reviewed in line with new NICE recommendations and NHS England guidance.</p> <p>Type I and II DM leaflets – work is ongoing on full diabetes guidance, to reconsider content of the leaflets once guideline approved at LMMG.</p> <p>Avastin and Lucentis position statement – this will be removed from the work plan and discussed as part of the meeting with LMMG task and finish group.</p>	DP

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	<p><u>For discussion at the July meeting</u> Asthma guidance update – new NICE guidance was due in October 2017</p> <p>Depression guideline (scope) – new NICE guidance due March 2018.</p> <p>Rheumatoid arthritis pathway (non-biologic) – new NICE guidance due July 2018. DP has a meeting with the RA consultants on 27th April and will feedback following this.</p> <p><u>To be presented at the future meetings of the Clinical Policy Development Group</u> Insulin pump policy – out for further consultation with STP groups</p> <p>CGM policy (including FreeStyle libre) – out for further consultation with STP groups.</p> <p><u>Other work in support of LMMG</u> LMMG decision making – work is ongoing, currently scoping stakeholder opinion.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/079	<p>New NICE Technology Appraisal Guidance for Medicines (March 2018)</p> <p>DP presented the NICE TA guidance paper. <u>The following NICE technology appraisal is an NHSE commissioning responsibility and will be not be added to the LMMG website as it is not a medicine</u> TA 508 Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee.</p> <p><u>The following NICE technology appraisals are an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification</u> TA509 Pertuzumab with trastuzumab and docetaxel for treating HER2 – positive breast cancer.</p> <p>TA510 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma.</p> <p>TA512 Tivozanib for treating advanced renal cell carcinoma.</p> <p>TA513 Obinutuzumab for untreated advanced follicular lymphoma.</p> <p>TA516 Cabozantinib for treating medullary thyroid cancer.</p>	All actions DP

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	<p><u>The following NICE technology appraisals are an NHSE commissioning responsibility. These will not be added to the LMMG website as NICE does not recommend their use</u></p> <p>TA514 Regorafenib for previously treated advanced hepatocellular carcinoma.</p> <p>TA515 Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen.</p> <p><u>The following NICE technology appraisals is a CCG commissioning responsibility and will be added to the LMMG website as Red colour classification.</u></p> <p>TA511 Brodalumab for treating moderate to severe plaque psoriasis – this will also be added in to the Psoriasis High Cost Drugs pathway.</p>	
2018/080	<p>New NHS England medicines commissioning policies (March 2018)</p> <p>DP highlighted the information in the following NHS England commissioning policy:</p> <p>Care home pharmacists to help cut overmedication and unnecessary hospital stays for frail older patients; NHS England has announced plans to recruit and deploy hundreds of pharmacists into care homes to help reduce overmedication and cut unnecessary hospital stays.</p> <p>Improved asthma and dementia care from community pharmacists under new quality scheme; most community pharmacies in England and now providing improved asthma and dementia care, NHS England figures show.</p> <p>DP also highlighted that the Department of Health’s Self-care policy has been published and how this may have an impact on CCGs and LMMG. The policy will be reviewed by MLCSU and brought to the next meeting.</p>	
2018/081	<p>Evidence reviews published by SMC or AWMSG (March 2018)</p> <p>DP discussed the SMC and AWMSG recommendations published during March 2018 and meeting LMMG criteria as follows:</p> <p>SMC 1322/18 dexamethasone 40mg tablets (Neofordex®) SMC did not accept 1322/18 dexamethasone 40mg tablets (Neofordex®) in adults for the treatment of symptomatic multiple myeloma in combination with other products. The group decided that this is a CDF commissioning responsibility for this indication. No action was required by LMMG.</p>	

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	<p>1321/18 clostridium botulinum type A toxin – haemagglutinin complex 300 and 500 units (Dysport®) SMC did not accept 1321/18 clostridium botulinum type A toxin – haemagglutinin complex 300 and 500 units (Dysport®) for the symptomatic treatment of focal spasticity of lower limbs in adults affecting the ankle joint due to stroke or traumatic brain injury. LMMG has a current position of a Red RAG rating, no action was required by LMMG.</p> <p>1324/18 lacosamide (Vimpat®) SMC did not accept 1324/18 lacosamide (Vimpat®) as monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in adolescents and children from 4 years of age with epilepsy. LMMG has a current position of an Amber 0 RAG rating, no action was required by LMMG.</p> <p>AWMSG 3343 lacosamide (Vimpat®) AWMSG accepted 3343 lacosamide (Vimpat®) as adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in children from ≥ 4 years of age to ≤ 15 years of age with epilepsy. LMMG has a current RAG rating of Amber 0 for Epilepsy, listed in CG137, no action was required by LMMG.</p> <p>3397 levodopa-carbidopa intestinal gel (Duodopa®) AWMSG accepted 3397 levodopa-carbidopa intestinal gel (Duodopa®) for the treatment of advanced levodopa-responsive Parkinson’s disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results: Patients not eligible for deep brain stimulation. Levodopa-carbidopa intestinal gel (Duodopa®) is not recommended for use within NHS Wales outside of this subpopulation. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price. DP will look at the commissioning responsibility and bring back to LMMG.</p> <p>The remaining SMC and AWMSG recommendation for March 2018 did not meet LMMG criteria; therefore, the group agreed that no further action was necessary.</p>	<p>DP</p>
<p>ITEMS FOR INFORMATION</p>		
<p>2018/082</p>	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (16th March 2018)</p> <p>The group noted these minutes.</p>	

Date and time of the next meeting

10th May 2018, 9.30 am to 11.30 am, Taylor Coleridge room, Jubilee House, Leyland

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
12th April 2018**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12 th APRIL 2018
ACTION SHEET FROM THE 13th SEPTEMBER 2017 MEETING				
2018/145	<p>Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline</p> <p>Update: MLCSU has liaised with the Stroke Prevention Group; a paper has been drafted highlighting the financial risks involved. This paper will be presented at the CCB next week. BH will circulate the paper to the CCG MM Commissioning Leads.</p> <p>Update: a paper went to CCB highlighting the cost pressures. The CCB agreed to a working group with a project plan. CCB are now looking at delegated budgets for stroke and stroke prevention for service areas therefore the working group is currently on hold until the CCB has confirmed the way forward.</p> <p>Update: Amanda Doyle has stated that Warfarin and DOAC are being discussed at an NHSE committee in April; Amanda will update BH after the meeting. In the meantime, Amanda has suggested to hold all work in connection with Warfarin and DOACs.</p> <p>Update: a response will be provided following the April meeting of the NHSE committee.</p>	BH	03.05.2018	Open
ACTION SHEET FROM THE 8th FEBRUARY 2018 MEETING				
2018/032	<p>Co-trimoxazole for PCP Prophylaxis</p> <p>Action DJ will find out if Renal Transplant patients are repatriated for immunosuppressants or for all prescribing associated with Renal Transplants.</p> <p>Action: JA fed back; LTH do not routinely prescribe anything other than</p>			

	immunosuppressants. Immunosuppressed patients who are repatriated receive a 3 month course of co-trimoxazole from the transplant centre. LTH are not currently prescribing.	DJ	05.04.2018	Closed
2018/035	<p>Melatonin</p> <p><u>Melatonin for new patients with learning disabilities</u></p> <p>Proposed RAG status of Red Action: LMMG representatives will ask specialist services whether there would be any significant operational issues if adults with learning disabilities that would routinely be discharged out of the service could stay in secondary care. Update: LCFT are discussing this at a consultants' meeting; SR will feedback following this. UHMB have raised concerns regarding the management of patients if Melatonin is given a Red RAG status. The RAG status for Melatonin for new patients with learning disabilities and neurodevelopment disorders will be discussed at the April LMMG meeting. Update: discussed under an agenda item.</p>	LMMG representatives	05.04.2018	Closed
ACTION SHEET FROM THE 8th MARCH 2018 MEETING				
2018/055	<p>Lidocaine and Ketamine infusions for the Management of Low Back Pain</p> <p>Action In consideration of the CPB request; Secondary Care representatives will look at the use of Lidocaine and Ketamine injections in their trusts and discuss with their medical directors. If it falls within remit of LMMG this should be brought back to LMMG. Action: no feedback has been received.</p>	Secondary care representatives	05.04.2018	Closed
2018/056	<p>Eluxadoline guideline scoping (update)</p> <p>Action Secondary care representatives will take the proposed Red RAG status through their acute trusts. This recommendation will be ratified at the next LMMG meeting.</p>	Secondary care representatives	05.04.2018	Closed

	Update: discussed under matters arising; the ratification of decisions from last month's meeting.			
2018/058	<p>New NICE Technology Appraisal Guidance for Medicines (February 2018)</p> <p>TA506 Lesinurad for treating chronic hyperuricaemia in people with gout (TA506) – AGR will check the commissioning responsibility and update LMMG at the next meeting.</p> <p>Update: an update will be brought to the May meeting.</p>	AGR	05.04.2018	Open
ACTION SHEET FROM THE 12th APRIL 2018 MEETING				
2018/081	<p>Evidence reviews published by SMC or AWMSG (March 2018)</p> <p>3397 levodopa-carbidopa intestinal gel (Duodopa®) for the treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results: Patients not eligible for deep brain stimulation. Levodopa-carbidopa intestinal gel (Duodopa®) is not recommended for use within NHS Wales outside of this subpopulation. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.</p> <p>Action: DP will look at the commissioning responsibility and bring back to LMMG.</p>	DP	05.04.2018	Open