**Minutes of the Lancashire Medicines Management Group Meeting**
**Held on Thursday 14th January 2016 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 |
| 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 |
| 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 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 |
| 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 |
| Susan McKernan (SM) | Senior Medicines Performance Pharmacist | NHS Midlands and Lancashire CSU |
| David Prayle (DP) | Senior Medicines Commissioning Pharmacist | NHS Midlands and Lancashire CSU |
| Katy Stow (KS) | Medicines Commissioning Technician | NHS Midlands and Lancashire CSU |
| Jane Johnstone (Minutes) | Medicines Management Administrator | NHS Midlands and Lancashire CSU |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| **2016/001** | **Welcome & apologies for absence**<br><br>The Chair welcomed everyone to the meeting. Graham Atkinson, Senior Manager, Medicines Optimisation from Lancashire North CCG was welcomed and introduced to the committee.<br><br>It was noted that David Prayle, Senior Medicines Commissioning Pharmacist and Katy Stow, Medicines Commissioning Technician, M&LCSU were in attendance to observe the meeting.<br><br>Apologies for absence were received on behalf of David Jones. | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| **2016/002** | **Declaration of any other urgent business**<br><br>None. | |
| **2016/003** | **Declarations of interest pertinent to agenda**<br><br>None. | |
| **2016/004** | **Minutes of the last meeting (10th December 2015)**<br><br>The minutes of the meeting dated 10th December 2015 were agreed as a true and accurate record. | |
| **2016/005** | **Matters arising (not on the agenda)**<br><br>There were no matters arising. | |
| **NEW MEDICINES REVIEWS** | | |
| **2016/006** | **Long acting injection second generation antipsychotics**<br><br>BH presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows:<br><br><u>Aripiprazole (Abilify Maintena®) prolonged-release suspension for injection/long-acting antipsychotic injection.</u><br><br>*Recommendation: Red*<br><br>Aripiprazole PR suspension for injection is recommended as maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole.<br><br><u>Paliperidone palmitate (Xeplion®) prolonged release suspension for injection</u><br><br>*Recommendation: Red*<br><br>Paliperidone palmitate is recommended as an option for the maintenance treatment of schizophrenia in adult patients stabilised with paliperidone or risperidone and in selected adult patients with schizophrenia and previous responsiveness to oral paliperidone or risperidone, without prior stabilisation with oral treatment if psychotic symptoms are mild to moderate and a long-acting injectable treatment is needed.<br><br>7 of 8 CCGs, 3 of 4 acute trusts and Lancashire Care responded by the closing date. | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | 3 CCGs agreed with the recommendations and 2 abstained as MH services within these areas are delivered by Lancashire Care. Lancashire Care agreed with the recommendations. 2 CCGs neither agreed nor disagreed with the recommendation requesting to see a pathway and 1 CCG did not respond.<br>3 Acute Trusts abstained (with two of these stating that Lancashire Care was their provider for mental health services) and 1 did not respond.<br><br>BH highlighted the financial pressure of Aripiprazole and Paliperidone palmitate to the committee and asked that CCGs local commissioners are made aware of this. The committee also discussed the Draft Guidance for Prescribing Second Generation Long Acting Antipsychotic Injections which has been developed by Lancashire Care.<br><br>BH will include costings per CCG in the Annual Medicines Management QIPP Opportunities report to inform discussions with commissioners.<br><br>**Decision**<br>The committee supported the recommendations for aripiprazole (Abilify Maintena®) prolonged-release suspension for injection/long-acting antipsychotic injection and paliperidone palmitate (Xeplion®) prolonged release suspension for injection. On the basis that their use would be in line with the guidance developed by Lancashire Care.<br><br>**Action**<br>Aripiprazole (Abilify Maintena®) prolonged-release suspension for injection/long-acting antipsychotic injection will be put onto the LMMG website as red colour classification, in line with the LCFT prescribing guidance.<br><br>Paliperidone palmitate (Xeplion®) prolonged release suspension for injection will be put onto the LMMG website as red colour classification, in line with LCFT prescribing guidance.<br><br>BH will add costings per CCG into the Annual Medicines Management QIPP Opportunities report. | **All actions BH** |
| **2016/007** | **Lisdexamfetamine in adults with ADHD**<br><br>BH presented the draft adult ADHD pathway for Lisdexamfetamine which has been circulated for consideration following the December LMMG meeting. The recommendation below for Lisdexamphetamine in adults with ADHD was considered at the November 2015 LMMG meeting but a decision on a recommendation was deferred pending further information: | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | Option 1: Red<br><br>Option 2: Amber 1<br><br>Lisdexamfetamine dimesylate (Elvanse Adult®) is a licensed long acting alternative to the other treatment options available e.g. dexamfetamine and methylphenidate. It is recommended as an option for use as part of a comprehensive treatment programme for Attention Deficit/Hyperactivity Disorder (ADHD) in adults. Based on clinical judgment, patients should have ADHD of at least moderate severity. Treatment must be under the supervision of a specialist in behavioral disorders.<br><br>4 of 8 CCGs, 4 of 4 Acute trusts and LCFT responded by the closing date. 4 CCGs, 1 Acute trust and LCFT agreed with Option 2: Amber 1. 3 Acute trusts had no preference, as the use of this drug would not be applicable in their organisations.<br><br>There was a discussion around the proposed benefits of using lisdexamphetamine when symptom control was required for a period greater than 12hours. It was agreed that the pathway should be approved in its current format and that audit data relating to symptom control >12hrs should be brought back to LMMG after 12 months.<br><br>**Decision**<br>The committee agreed with recommendation option 2 Amber 1 colour classification.<br><br>The committee approved the pathway in its current form for the use of Lisdexamfetamine in adults with ADHD. An audit of the impact of Lisdexamfetamine on patients who require symptom control for over 12hrs would be brought back to LMMG in 12 months' time.<br><br>**Action**<br>Lisdexamfetamine will be made Amber 0 colour classification on the LMMG website.<br><br>The adult ADHD Shared Care Guideline to be updated with Lisdexamphetamine in light of the Amber 1 colour classification decision.<br><br>CF to bring back an audit of the impact of Lisdexamfetamine on patients who require symptom control for over 12hrs to LMMG in 12 month's time. | **BH**<br><br>**SM**<br><br>**CF** |
| **2016/008** | **Insulin glargine 300 units/mL in Type 1 Diabetes Mellitus**<br><br>BH presented the paper, summarising the evidence and the draft | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | recommendation which has been consulted on, as follows:<br><br>The draft recommendation was:<br>Insulin glargine 300 units/mL (Toujeo®) is **not** recommended for the treatment of type 1 diabetes mellitus (T1DM) in adults.<br>The EDITION 4 trial found no additional advantage for patients prescribed insulin glargine 300 units/mL (Toujeo®) in T1DM compared to patients prescribed insulin glargine 100 units/mL (Lantus®) in terms of glycaemic control, rates of hypoglycaemia or injection site reactions (injection site pain not reported).<br><br>5 of 8 CCGs, 3 of 4 Acute trusts and LCFT responded by the closing date. All responding CCGs agreed with the recommendation, as did one acute trust. The other two responding acute trusts disagreed. LCFT did not agree or disagree but stated they would be led by acute trust colleagues in respect of this medication.<br><br>**Decision**<br>The committee did not make a decision on the recommendation. It was decided that LMMG members will take this to their local Medicines Groups to consider the risks and benefits of Insulin Glargine 300 units/mL (Toujeo®) in Type 1 Diabetes alongside the evidence in Type 2 Diabetes.<br><br>**Action**<br>Put onto the February LMMG agenda. | **BH** |
| **2016/009** | **Insulin glargine 300 units//mL in Type 2 Diabetes Mellitus**<br><br>BH presented the paper, summarising the evidence and the draft recommendation which has been consulted on, as follows:<br><br>The draft recommendation was:<br>Amber 0<br>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.<br><br>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.<br><br>BH highlighted that insulin glargine 300 units/mL (Toujeo®) was | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | non-inferior to insulin glargine 100 units/mL (Lantus®) and that there was a significant decrease in the number of nocturnal hypoglycemic events in the trials.<br><br>**Decision**<br>Due to the concerns around the safety issues, the committee did not make a decision on the recommendation. It was decided that LMMG members will take this to their local Medicines Groups to consider the risks and benefits of Insulin Glargine 300 units/mL (Toujeo®) in Type 2 Diabetes alongside the evidence in Type 1 Diabetes.<br><br>**Action**<br>LMMG members will take this back to discuss further within local Medicines Groups. | **LMMG members** |
| **2016/010** | **Insulin glargine biosimilar position statement in T1DM & T2DM**<br><br>BH presented this paper which was identified via horizon scanning.<br><br>The draft recommendation was:<br><br>Green<br>Biosimilars of insulin glargine 100 units/mL are recommended for use in patients with type 1 and type 2 diabetes mellitus in accordance with the recommendations in NICE guidance for long acting insulin analogues.<br><br>Green<br>Abasaglar® (a biosimilar of Lantus®) insulin glargine 100 units/mL is recommended for the treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above.<br><br>5 of 8 CCGs, 3 of 4 Acute trusts and LCFT responded by the closing date. All were in agreement with the recommendation, apart from LCFT who were neither in agreement nor disagreement and commented that they would be led by their acute trust colleagues in relation to this.<br><br>**Decision**<br>The committee approved the position statement for biosimilars of insulin glargine 100 units/mL (Lantus®) for the treatment of type 1 and type 2 diabetes mellitus.<br><br>**Action**<br>The position statement will be uploaded to the LMMG website as a green colour classification. | **BH** |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| **2016/011** | **LMMG – New Medicine Reviews Work Plan update**<br><br>BH discussed this paper; updating the committee on the current status of the work plan, as follows:<br><br>*Medications for recommendation for February LMMG*<br>Lidocaine Patches – neuropathic pain with allodynia and/or hyperalgesia.<br><br>*Medications for recommendation for March LMMG*<br>Second line use of biologics – Crohn's – this will be sent to specialists for initial comments prior to being sent out for consultation.<br><br>Second line use of biologics – Ulcerative Colitis – this will be sent to specialists for initial comments prior to being sent out for consultation.<br><br>Tadalafil daily – ED – this will be brought to the March LMMG.<br><br>*Medications for recommendation for future review*<br>Biologics Pathway – Psoriasis – Biologics pathway has previously been developed in GMMMG with Salford Royal (Tertiary referral centre). To consider this pathway for clinical content and possible adoption/adaptation.<br><br>Sodium Oxybate – Narcolepsy with cataplexy.<br><br>Liothyronine – Persisting Lethargy despite levothyroxine replacement/Thyroid cancer awaiting ablative treatment.<br><br>Tapentadol prolonged release – Severe chronic pain.<br><br>Lurasidone – Schizophrenia.<br><br>Peristeen/Qufora – Transanal Irrigation/Rectal Irrigation Systems – considered at the June 2015 LMMG. Concerns raised on the limited published evidence base for most systems. Process for consideration of devices developed, to work through this with specialist in December/January to finalise a consultation document for consideration by LMMG.<br><br>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.<br><br>Infliximab biosimilar – All indications – agreed to produce a position statement. | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | Ulipristal (Esmya) – Uterine Fibroids - prioritised for review at December 2015 LMMG.<br><br><u>*Medications currently on hold – Awaiting Licensing and Launch*</u><br>Albiglutide/Dulaglutide – Diabetes – agreed at January 2015 LMMG, for a class review of GLP-1s once both dulaglutide and albiglutide launched. (Currently awaiting launch of albiglutide). Following the request for Dulaglutide considered at the December meeting, LR said that specialists have further information regarding the benefits of Dulaglutide over Exenatide and Luraglutide. LR will ask the specialists to provide further information; upon receipt of this the request will be reconsidered.<br><br>Naltrexone/bupropion.<br><br>Bazedoxifene/conjugated oestrogen – Post menopausal osteoporosis + menopausal symptoms.<br><br>Safinamide – Mild-late stage Parkinson's disease.<br><br>Liraglutide – Obesity.<br><br>Insulin degludec & insulin aspartate (Ryzodeg®) – Type II Diabetes.<br><br>The Horizon Scanning document showing the estimated cost pressures of new medicines for the next financial year will be brought to the February LMMG meeting. In addition, the Horizon Scanning document for the January to March 2016 period will be brought to the February meeting. | **BH** |
| **GUIDELINES and INFORMATION LEAFLETS** | | |
| **2016/012** | **Nebulised Colomycin® prescribing information sheet (Non-Cystic fibrosis bronchiectasis**<br><br>SM discussed the nebulised Colomycin® prescribing information sheet (Non-Cystic fibrosis bronchiectasis) which was requested following the recommendation of Amber0 for Colomycin®.<br><br>11 organisations responded and of those, 6 out of 8 CCGs and 3 out of 5 trusts supported the guideline and the remaining 2 did not specify either way.<br><br>Amendments made following consultation responses were discussed and approved. | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | **Decision**<br>The committee approved the Colomycin® prescribing information sheet (Non-Cystic fibrosis bronchiectasis) in its current form.<br><br>**Action**<br>The prescribing information sheet will be uploaded to the website. | **SM** |
| **2016/013** | **Guidelines updates**<br><br>SM presented the guidelines updates paper as follows:<br><br><u>Update of Gout Prescribing Guidelines</u><br>SM highlighted to the committee that the guidelines have been updated to clarify that non losartan angiotensin II blockers increase Serum Uric Acid.<br><br><u>Update of the Oral Anticoagulant Consensus Statement</u><br>The Oral Anticoagulant Consensus Statement has been updated in light of NICE TA 355 and also to reflect the availability of an antidote to dabigatran.<br><br><u>Medicines Recommendations included in historical LMMG guidance</u><br>Following historical medicine recommendations made within LMMG guidance documents, the committee approved a green colour classification for the medicines below; these will be added to the LMMG website and cross referenced with the guidance:<br><br><u>Chronic non-cancer pain guidelines</u><br>Paracetamol<br>Ibuprofen<br>Naproxen<br>Codeine<br>Dihydrocodeine<br>Capsaicin cream 0.025% (Hand and Knee Osteoarthritis)<br>Morphine<br>Oxycodone<br>Fentanyl Patches (as per the Buprenorphine/Fentanyl Patch Position statement)<br><br><u>Gout Prescribing Guidance</u><br>Allopurinol<br>Colchicine<br>Ibuprofen<br>Naproxen<br>Prednisolone<br>Methylprednisolone injection<br>Hydrocortisone injection<br>Triamincolone acetonide injection | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | Stroke Prevention Guidance<br>Aspirin (for secondary prevention of stroke)<br><br>**Actions**<br>The updated Gout Prescribing Guidelines and the Oral Anticoagulant Consensus Statement will be uploaded to the LMMG website.<br><br>The individual medicines listed above will be added to the LMMG website as green colour classification and cross referenced with the guidance. | **All actions SM** |
| **2016/014** | **LMMG – Guidelines Work Plan update**<br><br>SM discussed this paper; updating LMMG on the current status of the work plan, as follows:<br><br>*Due for discussion/approval at the February meeting*<br>Annual review of colour classifications (List 1 + LMWH).<br><br>*In Development*<br>Update of the NOAC Prescribing 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.<br><br>Update of the NOAC Decision Aid and Patient Counselling check list – to be updated in response to TA 354.<br><br>Mycophenolate Unlicensed indications Shared Care Guidance – sent out for provisional comments to CCG Medicines Management Leads.<br><br>*New additions*<br>Review of JIA biologics Pathway – to be updated in line with NICE TA373 and the NHS England JIA policy.<br><br>Best practice guideline for ordering and supply of continence and stoma products – added to the work plan in December, non-urgent, work to start after SCGs have been finalised. JL informed the committee that Fylde & Wyre are commissioning a new Stoma Service and asked if MLCSU could link in with the service when this work is undertaken.<br><br>*Other LMMG Work*<br>Review of Transanal Irrigation Devices – first meeting held, further information is being sought regarding two new devices from Quofora; planned to go out for consultation in February.<br><br>Co-Trimoxaxole Shared Care Guideline – on hold, awaiting feedback from secondary care regarding management of | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | abnormal blood results.<br><br>Apomorphine Shared Care Guidelines – on hold, LMMG comments feedback to LTHTR. Awaiting confirmation of lead for this work in order to progress further.<br><br>SCN Headache Pathway - on hold, awaiting feedback from SCN. Palliative Care Prescribing Guidelines - 1st meeting is arranged for January 2016.<br><br>A request has been received for a primary care constipation prescribing guide. The committee discussed this and decided that a scoping exercise will be carried out to look at existing guidance and to determine primary care requirements.<br><br>SM reminded the committee to respond to the colour classification list 1 consultation, in particular comments are welcomed in relation to LMWH. | **All actions SM** |
| **NATIONAL DECISIONS FOR IMPLEMENTATION** | | |
| **2016/015** | **New NICE Technology Appraisal Guidance for Medicines (December 2015)**<br><br>SM presented this paper, the following actions were agreed:<br><br>TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis – this is an NHS England commissioning responsibility. The committee agreed a red colour classification. This will be added to the LMMG website. SM will update the JIA position statement in line with NICE TA 373 guidance which has now superseded NICE TA 35. Approval will be sought from the Rheumatology Alliance regarding the updated guidance.<br><br>TA369 Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears – this is a CCG commissioning responsibility. The committee agreed an Amber 0 colour classification. This will be added to the LMMG website.<br><br>TA372 Apremilast for treating active psoriatic arthritis – this is a CCG commissioning responsibility. The committee agreed a black colour classification. This will be added to the LMMG website as a black colour classification.<br><br>TA370 Bortezomib for previously untreated mantle cell lymphoma – this is an NHS England commissioning responsibility. The committee agreed on a red colour classification. This will be added to the LMMG website. | **All actions SM** |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | TA371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane – this is a NHS England commissioning responsibility. The committee agreed on a black colour classification. This will be added to the website.<br><br>TA374 Erlotinib and gefitinib for treating non-small-cell lung cancer– this is an NHS England commissioning responsibility. The committee agreed on a red colour classification for Erlotinib in the treatment of locally advanced or metastatic non-small-cell lung cancer, that has progressed after non-targeted chemotherapy because of delay confirmation that their tumour is EGFR-TK mutation positive. This will be added to the website.<br><br>Erlotinib for treatment of locally advanced or metastatic non-small-cell lung cancer, that has progressed after non-targeted chemotherapy in patients that are EGFR-TK mutation negative. The committee agreed on a black colour classification. This will be added to the website.<br><br>Gefitinib for treatment of non-small-cell lung cancer that has progressed after chemotherapy. The committee agreed on a black colour classification. This will be added to the LMMG website.<br><br>TA339 Omalizumab for previously treated chronic spontaneous urticarial – NHS England has confirmed that this is a CCG Commissioning responsibility. This is on the website as a red colour classification. The commissioning responsibility will be updated accordingly. This will be added to the LMMG website. A Blueteq form has been created. | |
| **2016/016** | **New NHS England medicines commissioning policies (November and December 2015) and Specialised Services Circular**<br><br>**Omalizumab in chronic spontaneous urticaria.**<br>SM highlighted the information contained in the Specialised Services Circular 1549 dated 30th November 2015 which made reference to the NICE Guidance published in June 2015 regarding the use of omalizumab in chronic spontaneous urticaria. The circular also confirms that the commissioning responsibility for omalizumab falls under CCGs.<br><br>**Adalimumab for children with Severe Refractory Uveitis**<br>Adalimumab will be routinely commissioned by NHS England in line with the criteria set out in their Interim Clinical Commissioning | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | Policy: Adalimumab for Children with Severe Refractory Uveitis with onset in childhood. | |
| **2016/017** | **Evidence reviews published by SMC or AWMSG (November 2015)**<br><br>BH discussed the SMC and AWMSG recommendations published during November 2015 meeting LMMG criteria, which were:<br><br>SMC:<br>1103/15 Triamcinolone hexacetonide<br>SMC accepted Triamcinolone hexacetonide for juvenile idiopathic arthritis. It was noted that this is an NHS England commissioning responsibility. The committee decided that this is part of the specialist services and falls outside of LMMG's remit, therefore no action is required.<br><br>AWMSG:<br>2544 insulin degludec/liraglutide (Xulthophy®)<br>AWMSG accepted insulin degludec/liraglutide (Xulthophy®) for adults with type II diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a glucagon-like peptide protein-1 (GLP-1) receptor agonist or basal insulin do not provide adequate glycaemic control. In light of LMMG's current commissioning position the committee decided that no action is required.<br><br>2710 Fosfomycin (Fomicyt®)<br>AWMSG accepted Fosfomycin (Fomicyt®) for the treatment of the following infections in adults and children including neonates: acute osteomyelitis; complicated urinary tract infections; nosocomial lower respiratory tract infections; bacterial meningitis; and bacteraemia that occurs in association with, or is suspected to be associated with, any of the infections listed above. The committee decided that no action is required as this falls within specialist services and is outside of LMMG's remit.<br><br>2601 Travoprost (Travatan®)<br>AWMSG accepted travoprost (Travatan®) for the decrease of elevated intraocular pressure in paediatric patients aged 2 months to <18 years with ocular hypertension or paediatric glaucoma. The committee discussed this and decided that this would not be prioritised; no action is required.<br><br>2650 Midodrine hydrochloride (Bramox®)<br>AWMSG accepted Midodrine hydrochloride (Bramox®) for the treatment of severe orthostatic hypotension due to autonomic | |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
|---|---|---|
| | dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate. In light of LMMG's current commissioning position of Amber 0 the committee decided that no action is required.<br><br>It was discussed that the remaining SMC/AWMSG recommendations for November 2015 did not meet LMMG criteria; therefore the committee agreed that no further action would be taken with regard to them. | |
| **PROCESS PROPOSALS** | | |
| **2016/018** | **Medical Devices Policy/Review Process**<br><br>SM presented the paper discussing a proposed process for LMMG to follow when undertaking a medical device review.<br><br>SM had recently trialled the process at a transanal medical devices meeting and this proved to be useful.<br><br>**Decision**<br>The committee agreed with the process in its current form subject to the amendment of the title to reflect that the process encompasses medical devices which are available on NHS prescription only.<br>**Action**<br>The title of the document will be amended as above.<br><br>The process will be implemented when undertaking reviews of medical devices which are available on NHS prescription. | **SM** |
| **ITEMS FOR INFORMATION** | | |
| **2016/019** | **Minutes of the Lancashire Care FT Drug and Therapeutic Committee**<br><br>No meeting in December 2015. | |
| **2016/020** | **Minutes of the Lancashire CCG Network (29th October and 26th November 2015**<br><br>The committee noted these minutes. | |

**Date and time of the next meeting**
11th February 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE**
**LANCASHIRE MEDICINES MANAGEMENT GROUP**
**14th January 2016**

| MINUTE NUMBER | DESCRIPTION | ACTION | DATE | STATUS AT 14.01.2016 |
|---|---|---|---|---|
| **ACTION SHEET FROM THE 12th NOVEMBER 2015 MEETING** | | | | |
| **2015/191** | **Apomorphine Shared Care Guidance**<br>SM will link with LTHTR to feedback LMMG concerns regarding monitoring responsibilities and to further develop the shared care guideline.<br>**Update:** The Shared Care Guidance is on hold; a response is awaited from LTHTR, regarding the appropriate link person. SM will feedback once a response is received. | **SM** | **07.01.2016** | **Closed** |
| **2015/196** | **New NICE Technology Appraisal Guidance for Medicines (October 2015)**<br><br>NICE TA 358 Tolvaptan for treating autosomal dominant polycystic kidney disease<br>**Action:** DJ will look into the recharging issues with Renal Services in light of the NICE costing statement.<br>**Update:** A blueteq form to identify the different brands is now on the system and this has been feedback to DJ. | **SM** | **07.01.2016** | **Closed** |
| **ACTION SHEET FROM THE 10th DECEMBER 2015 MEETING** | | | | |
| **2015/203** | **Declaration of any other urgent business**<br>DJ asked for clarification on behalf of the Renal Consultants with regard to the CCG decisions for Renavit.<br>**Action:** SM will email the CCG Leads and ask them to update MLCSU with their commissioning positions for Renavit. | **SM** | **07.01.2016** | **Closed** |
| **2016/212** | **Lisdexamphetamine in adults with ADHD**<br><br>A proposed pathway for Lisdexamphetamine in adults was brought to the meeting<br>**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** | **Closed** |

| | | | | |
|---|---|---|---|---|
| | **Update:** discussed under an agenda item. | | | |
| **ACTION SHEET FROM THE 14th JANUARY 2016 MEETING** | | | | |
| **2016/006** | **Long acting injection second generation antipsychotics**<br><br>BH will add costings per CCG into the Annual Medicines Management QIPP Opportunities report. | **BH** | **04.02.2016** | **Open** |
| **2016/007** | **Lisdexamphetamine in adults with ADHD**<br><br>SM will update the Adult ADHD Shared Care Guideline with Lisdexamphetamine in light of the Amber 0 colour classification decision.<br><br>CF will bring back to January 2017 LMMG an audit of the impact of Lisdexamfetamine on patients who require symptom control for over 12hrs. | **SM**<br><br>**CF** | **04.02.2016**<br><br>**04.02.2016** | **Open**<br><br>**Open** |
| **2016/008 and 2016/009** | **Insulin glargine 300 units//mL in Type 1 and Type 2 Diabetes Mellitus**<br><br>LMMG members will take this to their local Medicines Groups to consider the risks and benefits of Insulin Glargine 300 units/mL (Toujeo®) in Type 1 Diabetes alongside the evidence in Type 2 Diabetes. | **LMMG Members** | **04.02.2016** | **Open** |
| **2016/15** | **New NICE Technology Appraisal Guidance for Medicines (December 2015)**<br><br>**TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis**<br>SM will update the JIA position statement in light of NICE TA 373 and forward this to the Rheumatology Alliance for comment prior to bringing this back to LMMG. | **SM** | **04.02.2016** | **Open** |