Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th February 2016 at Preston Business Centre

PRESENT:

Dr Kamlesh Sidhu (KS)	Chair of LMMG	NHS Lancashire North CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Vince Goodey (VG)	Assistant Director of Pharmacy	East Lancashire Hospitalsl 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
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Beverley Phillips (BP)	Lead 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
Adam Grainger (AG)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/021	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. It was noted that Adam Grainger, Medicines Commissioning Pharmacist M&LCSU was in attendance to observe the meeting. Apologies for absence were received on behalf of Tony Naughton, Pauline Bourne and Christine Woffindin.	
2016/022	**Declaration of any other urgent business** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/023	**Declarations of interest pertinent to agenda** None.	
2016/024	**Minutes of the last meeting (14th January 2016)** The minutes of the meeting dated 14th January 2016 were agreed as a true and accurate record.	
2016/025	**Matters arising (not on the agenda)** **2016/008 Insulin glargine 300 units/mL in Type 1 Diabetes Mellitus and** **2016/009 Insulin glargine 300 units/mL in Type 2 Diabestes Mellitus** Following the January LMMG meeting, a number but not all local Medicines Groups have had further discussions regarding the evidence in support of and safety issues associated with Insulin glargine 300 units/mL in Type 1 and Type 2 Diabetes Mellitus. **Decision** Due to the difference of opinion across the localities and recognising that not all organisations have had the opportunity to discuss further, the committee did not make a decision on the recommendation. It was felt that further consideration was required. **Action** MLCSU will send the feedback from local Medicines Groups out to consultation. Put onto the March LMMG agenda.	**Both actions BH**
NEW MEDICINES REVIEWS		
2016/026	**Lidocaine plasters for allodynia and/or hyperalgesia and dysesthesias (unlicensed, non-post herpetic neuralgia indication)** DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation** Lidocaine 5% medicated plasters are **not** recommended outside of their license of post-herpetic neuralgia (PHN), for the symptomatic relief of localised neuropathic pain with predominance of allodynia and/or hyperalgesia and dysesthesias	

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	unresponsive to other neuropathic agents. 5 of 8 CCGs and all 4 acute trusts responded by the closing date. All five CCGs who responded agreed with the recommendation, one with exceptions. Three of the four Acute Trusts disagreed with the assessment, one partly agreed. LCFT did not respond. The committee recognised that due to the specialist nature of the patient population, there was limited published evidence in support of Lidocaine 5% medicated plasters in the unlicensed setting. However, there were a number of case reports and case series identified during the evidence review and consultation process. LMMG recommended that this should be made available as an option, for prescribing by clinicians who specialise in the control of pain (e.g. Pain or Palliative Care consultants) in secondary care where other preparations in the pain pathway have been exhausted. Additional, more robust evidence, which could be provided by a future clinical audit, would be needed to re-consider the traffic light status of lidocaine medicated plasters in the unlicensed setting. **Decision** The committee agreed to recommend a red colour classification for prescribing in secondary care. It was agreed that patients already receiving lidocaine plasters in primary care should have the opportunity to continue with treatment, supplied through primary care, until it is deemed clinically appropriate to stop. **Action** This will be given a red colour classification on the LMMG website. The pain guidance will be updated and brought to the March LMMG.	**DP** **SM**
2016/027	**Horizon Scanning Quarter 3 & 4 2015/16** BH discussed the medicines in the Horizon Scanning paper for Quarter 3 and 4 of 2015/17 The following drugs were discussed and agreed by the LMMG: *Medicines expected to be launched, have a licence extension or be the subject of a NICE technology appraisal during the Third Quarter 2015/16* Certolizumab pegol – Rheumatoid arthritis – NICE guidance on biologics in RA does not cover DMARD naïve patients. This will be brought to March LMMG following discussions with Rheumatology Alliance.	

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	Tasimelteon – Insomnia – the committee decided that this will not be put on the work plan but will be considered should an application for its use be received. Aflibercept - choroidal neovascularisation of the retina - the committee decided that this will not be put on the work plan but will be considered if an application for its use is received. *The following drugs were discussed, the committee agreed that no further action was required* Aviptadil + phentolamine – Erectile Dysfunction BLI-800 - Bowel cleansing Fluticasone propionate + salmeterol xinafoate – chronic obstructive pulmonary disease Ingenol mebutate – Actinic keratosis *Medicines expected to be launched, have a licence extension or be the subject of a NICE technology appraisal during the Third Quarter 2015/16 – not meeting LMMG criteria for review* Secukinumab – Psoriatic arthritis Alirocumab – primary hypercholesterolemia Ceftolozane + tazobactam – Urinary tract infection Ceftolozane + tazobactam – Bacterial infections Naloxegol – Opiod –induced constipation Secukinumab – Ankylosing spondylitis Tafluprost + timolol – Glaucoma Idarucizumab – Anticoagulation reversal *Medicines expected to be launched, have a licence extension or be the subject of a NICE technology appraisal during the Fourth Quarter 2015/16* Aprepitant – Chemotherapy – induced nausea & vomiting – the committee decided that as this fall outside of LMMG's remit no further action will be taken. Daptomychin – skin and skin structure infections – the committee decided that this fall outside of LMMG's remit, no further action will be taken. Etanercept biosimilar (SB4) – rheumatoid arthritis – the committee agreed that a position statement will be brought to the March LMMG. Guanfacine – Attention-deficit hyperactivity disorder – the committee decided that this will be put onto the work plan. *Medicines expected to be launched, have a licence extension or be the subject of a NICE technology appraisal during the Fourth*	**BH**

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	Quarter 2015/16 – not meeting LMMG criteria for review Levodopa + carbidopa ER – parkinsons disease – late stage disease Levodopa + carbidopa ER – parkinsons disease – early stage disease Fentanyl citrate – postoperative pain Methoxyflurane – Pain Sacubitril valsartan – heart failure Sufentanil – Postoperative pain	
2016/028	**Horizon Scanning 2016/17 Financial Year** BH discussed this paper and highlighted potential PbR Excluded Drugs and GP Prescribing cost pressures to CCG MM Leads for the 2016/17 financial year. Evolocumab for treating primary hypercholesterolemia and mixed dyslipidaemia – NICE guidance is due in April 2016; BH suggested that this potential significant cost pressure should be highlighted to commissioners. Eluxadoline – Irritable bowel syndrome, diarrhoea-predominant – the committee decided that this will be added to the work plan due to the significant potential cost pressure in GP prescribing. Licensed version of e-cigarettes - JK had had correspondence from BwD Council regarding the safety issue of e-cigarettes. JK will forward the letter to MLCSU for circulation and MLCSU will engage with Public Health with a view to publishing a joint statement. Secondary Care MM Leads will circulate the Horizon scanning document to specialists to seek their preferences for prioritising products which are due to be licensed.	**MM Leads** **BH** **JK/BH** **Secondary care MM Leads**
2016/029	**Infliximab biosimilar position statement** BH presented this paper which was identified via horizon scanning. The draft recommendation was: Red Biosimilars of infliximab (Remicade®) are recommended within their licensed indications. The prescribing of biosimilar preparations should be by brand name, followed by the concentrations and recommended daily dose in units and a statement of the formulation. BH will update the position statement to make clear that the	

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	preparation with the lowest acquisition cost should normally be used. **Decision** The committee approved the position statement for biosimilars of Infliximab (Remicade®). The committee agreed that this process would be used to produce a generic statement for other biosimilar preparations. **Action** The position statement will be uploaded to the LMMG website as a red colour classification. BH to update the position statement clarifying that the preparation with the lowest acquisition cost should normally be used.	**Both actions BH**
2016/030	**LMMG – New Medicine Reviews work plan update** BH discussed the paper; updating the committee on the current status of the work plan as follows: <u>*Medications for recommendation for March LMMG*</u> Tadalafil daily – Erectile Dysfunction. Insulin glargine 300 units/mL in Type 1 Diabetes Mellitus Insulin glargine 300 units/mL in Type 2 Diabetes Mellitus <u>*Medications for recommendation for April LMMG*</u> Second line use of biologics – Crohn's and Second line use of biologics – Ulcerative Colitis. Feedback is still awaited from specialists; this will be sent out to wider consultation once feedback has been received from specialists. Sodium Oxybate – Narcolepsy with cataplexy Peristeen/Quofora – Transanal Irrigation/Rectal Irrigation Systems <u>*Medications for discussion*</u> Colesevelam – Familial hypercholesterolemia – a request has been received for Colesevelam as this is generally better tolerated than colestyramine and cloestipol and has fewer drug interactions. The committee decided that this will be put onto the work plan, however it was highlighted that this was not a high priority for review. <u>*Medications for recommendation for future review*</u> Biologics Pathway – Psoriasis Liothyronine – Persisting Lethargy despite levothyroxine replacement/Thyroid cancer awaiting ablative treatment Lurasidone – Schizophrenia Infliximab – Pyoderma Gangrenosum	**All actions BH**

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	The following medications were discussed by the committee and were prioritised for review in the following order: Ulipristal (Esmya) – Uterine Fibroids Tapentadol prolonged release – Severe chronic pain – MLCSU will send contact details to DJ for the submission of further evidence regarding this product. *Medications currently on hold – Awaiting Licensing and Launch* Albligutide/Dulaglutide – Diabetes Naltrexone/Bupropion – Obesity Bazedoxifene/conjugated oestrogen – Post menopausal osteoporosis + menopausal symptoms Safinamide – mid-late stage Parkinson's disease Liraglutide – Obesity Insulin degludec & insulin aspartate (Rysodeg®)	
GUIDELINES and INFORMATION LEAFLETS		
2016/031	**Draft colour classification review list** SM summarised the consultation responses for the medicines contained in the review of the colour classifications' list. Responses were received from 6 CCGs and 4 provider trusts. The following colour classifications were discussed and agreed by the group:- ***Low Molecular Weight Heparins Colour Classification*** *General Medical* DVT/PE treatment – in patients unable to stabilise on warfarin or NOACs or with a contraindication to warfarin and NOACS – Amber 1 colour classification (excluding pregnancy and cancer) Prophylaxis of DVT or PE when unable to stabilise on warfarin or NOACs, with an allergy or with contra-indication to warfarin and/or NOACs. (This includes IVDU patients) – Amber 1 colour classification Extended prophylaxis of high risk patients in the primary care setting e.g. Immobile patients or those deemed to be at particularly high risk of DVT at home or in a care situation and who are unable to tolerate/take warfarin or NOACs – Amber 1 colour classification *Oncology* Prophylaxis of VTE in oncology patients on VTE inducing therapy – Amber 1 colour classification – this will be brought back to	**All actions SM**

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	LMMG for further discussion due to this being red colour classification in some CCGs. Treatment DVT or PE in oncology – Amber 1 colour classification *Obstetrics and Gynaecology* Treatment of DVT/PE in pregnancy. (Pre and Post-Partum) – Red colour classification Prophylaxis of VTE during pregnancy. (Pre and Post-Partum) – Red colour classification Use by fertility clinics, and also to prevent miscarriage – Red colour classification *Surgical* VTE Prophylaxis Post-operative use [e.g. hips, knees, general surgical] – Red colour classification All Surgical Specialities: Pre-operative use as warfarin replacement. Given for up to 5 days up until the day of surgery instead of taking warfarin. Allows INR to fall before operation – Red colour classification. All Surgical Specialities: Post-operative use in conjunction with warfarin whilst waiting for the INR to come into range. (If LMWH is indicated at discharge it is expected that secondary care will provide the initial supply and arrange for the patient to been seen **through their normal place of care**, from which further supplies will be provided if indicated) – Red colour classification. Extended Thrombo Prophylaxis of VTE for High Risk Patients with History of Thrombosis associated with central venous access – Red colour classification. *Travel* For travel prophylaxis where travelling time is over 6 hrs in high risk patients i.e. patients with surgery in the previous 4 weeks requiring more than 30mins general anaesthesia, patients with known thrombophilia and patients with cancer. NICE CKS recommends haematology initiation therefore – Amber 0 colour classification ***Colour Classifications Review List 1*** *BNF Chaper 2* Apixaban - Prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation (NICE TA275) – currently Green	

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	colour classification on LMMG website – the committee agreed that this will remain unchanged. Dabigatran - Prevention of stroke and systemic embolism in atrial fibrillation (NICE TA249) - currently Green colour classification on LMMG website – the committee agreed that this will remain unchanged. Edoxaban - Prevention of stroke and systemic embolism in non-valvular atrial fibrillation (NICE TA355) - currently Green colour classification on LMMG website – the committee agreed that this will remain unchanged. Rivaroxaban - Prevention of stroke and systemic embolism in people with atrial fibrillation (NICE TA256) - currently Green colour classification on LMMG website – the committee agreed that this will remain unchanged. Bosentan - Pulmonary hypertension – currently Red colour classification on the LMMG website – the committee agreed that this will remain unchanged. SM highlighted that the High cost drugs tab on the website has a link to the Cancer Drugs Fund and NHS England commissioning policies. Clopidogrel - Treatment of non-ST-segment-elevation acute coronary syndrome (NICE TA80) – currently Green colour classification on the LMMG website, the committee agreed that this will remain unchanged. The indication will be changed to include treatment of unstable angina and NSTEMI as per NICE CG 94 & NICE CG 172. Dipyridamole - Prevention of occlusive vascular events (NICE TA210) – currently Green on the LMMG website, the committee agreed that this will remain unchanged. The website will be updated to show that NICE TA 210 specifically refers to the modified release preparation. Statins - Cardiovascular disease (NICE TA94) – currently Green on the LMMG website. The committee agreed that this will be removed from the website in light of NICE CG 181 which has superseded NICE TA94. Warfarin – oral anticoagulation - currently Green on the LMMG website for the prevention of stroke/systemic embolism in people with atrial fibrillation. The committee agreed that this will remain unchanged and the website will be updated to show Amber 0 colour classification for the treatment of DVT/PE.	

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	Explerenone – all licensed indications - currently Amber 0 colour classification on the LMMG website, the committee agreed that this will remain unchanged and the indication will be updated on the website to Heart Failure (as per product license) Ivabradine – Heart failure (NICE TA267) and chronic angina - currently Amber 0 colour classification on the LMMG website, the committee agreed that this will remain unchanged *BNF Chapter 3* Tiotropium Respimat® 2.5mcg solution for inhalation Spiriva® Respimat® - Asthma in adults - currently Amber 0 colour classification on the LMMG website, the committee agreed that this will remain unchanged *BNF Chapter 6* Strontium Ranelate - primary and secondary prevention of osteoporotic fragility fractures (NICE TA160 and 161) - currently Amber 0 colour classification on the LMMG website, the committee agreed that this will remain unchanged. SM will update the website with a link to the EMA recommendation. Denosumab (XGEVA®) – Bone Loss (therapy induced - in non-metastatic prostate cancer (NICE TA 194) terminated - currently Black colour classification on the LMMG website, the committee agreed that this will remain unchanged. SM will clarify the commissioning responsibility for this preparation in men and bring back to the next meeting. Dutasteride (Avodart®) – Benign Prostatic Hyperplasia - currently Amber 0 colour classification on the LMMG website, the committee agreed that this will remain unchanged. SM will bring this back to LMMG once further information is sought.	
2016/032	**Update to JIA position statement** SM discussed the amendments made to the JIA Position statement in light of the NICE TA373 which relates to the use of biologics in children with JIA. **Decision** The committee approved the JIA position statement containing the amendments made following the publication of NICE TA373. **Action** The position statement will be uploaded to the website	**SM**

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/033	**Update to Adult Shared Care Guideline – Lisdexamphetamine incorporated** SM presented this paper which had been updated following the LMMG recommendation of Amber 1 colour classification for Lisdexamphetamine for the treatment of ADHD in adults. The amendments made in the guideline were discussed and approved **Decision** The committee approved the amendments made to the shared care guideline. **Action** The shared care guideline will be uploaded to the website.	**SM**
2016/034	**Update to Dementia Medicines Information Sheet** SM discussed the update to the Dementia Medicines Information Sheet which was updated following safety advice from Shire pharmaceuticals (December 2015) regarding skin reactions. It was also highlighted that the drug costs in table 5 required updating. It was decided that all costs would be removed from the information sheet and a statement added to highlight that there may be cost differences between brands. **Decision** The committee approved the amendments in the Dementia medicines prescribing information sheet. **Action** The Cost Comparison table will be removed. The prescribing information sheet will be updated and uploaded to the website.	**Both actions SM**

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/035	**LMMG – Guidelines work plan update** SM discussed this paper; updating LMMG on the current status of the work plan, as follows: *In development* Update of the NOAC Prescribing Guidelines – this is currently out for consultation. Update of the NOAC Decision Aid and Patient Counselling – this is currently out for consultation. Mycophenolate Unlicensed Indications Shared Care Guidelines – this is currently out for consultation. *New additions* Constipation guideline – scoping exercise to be carried out. Best practice guideline for ordering and supply of continence and stoma products – identified from Transanal Irrigation work. Decision Aid for Antivirals During Flu outbreaks – a request has been received for a flu antiviral decision aid. SM will look at what information is available from Public Health organisations and bring to March LMMG. *Other LMMG Work* Co-Trimoxazole Shared Care Guideline – on hold. Awaiting feedback from secondary care regarding management of abnormal blood results. Apomorphine Shared Care Guidelines – on hold. LMMG comments have been fed back to LTHTR. Confirmation is awaited of the lead for this work to be progressed further. Palliative Care Prescribing Guidelines – further feedback is awaited from Palliative Care SCN regarding the future format of the guidelines and the geographical area that they will cover. Following its licence, a request to incorporate Riluzole liquid into the existing Riluzole Shared Care Guideline has been received. The committee agreed that this should be incorporated into the shared care guideline; MLCSU will send the guideline out to consultation upon receipt of additional information from LTH about patient selection.	**SM**

ITEM	SUMMARY OF DISCUSSION	ACTION
NATIONAL DECISIONS FOR IMPLEMENTATION		
2016/036	**New NICE Technology Appraisal Guidance for Medicines (January 2016)** **SM presented this paper, the following actions were agreed:** TA375 Adalimumab Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed – this is a CCG commissioning responsibility. The committee agreed a red colour classification. This will be added to the LMMG website. A Blueteq form will be created. The Rheumatoid Arthritis biologics pathway will be updated and agreed with the Rheumatology Alliance prior to coming back to LMMG. TA382 Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal) – this is a CCG commissioning responsibility. NICE were unable to make a recommendation due to no evidence submission – this will be put onto the LMMG website as black colour classification. TA377 Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated – this is an NHS England commissioning responsibility – the committee decided upon a red colour classification. This will be added to the LMMG website. TA379 Nintedanib for treating idiopathic pulmonary fibrosis – this is an NHS England commissioning responsibility. The committee agreed on a red colour classification. This will be added to the LMMG website. TA381 Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum based chemotherapy – this is an NHS England commissioning responsibility. The committee agreed on a red colour classification. This will be added to the LMMG website. TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments – this is an NHS England commissioning responsibility. The committee agreed on a red colour classification. This will be added to the LMMG website. TA378 Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy **-** this is CDF. A black colour classification was agreed, no further action was required.	**All actions SM**

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/037	**New NHS England medicines commissioning policies (January 2016)** Deferred to March LMMG meeting.	
2016/038	**Evidence reviews published by SMC or AWMSG (December 2015 and January 2016)** Deferred to March LMMG meeting.	
PROCESS PROPOSALS		
2016/039	**Process for Annual Declarations of interest** Deferred to March LMMG meeting.	
ITEMS FOR INFORMATION		
2016/040	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (January)** Deferred to the March LMMG meeting.	
2016/041	**Minutes of the Lancashire CCG Network (December 2015)** The committee noted these minutes.	

Date and time of the next meeting
10th March 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
11th FEBRUARY 2016

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11.02.2016
ACTION SHEET FROM THE 14th JANUARY 2016 MEETING				
2016/006	**Long acting injection second generation antipsychotics** BH will add costing per CCG into the Annual Medicines Management QIPP Opportunities report. **Update:** BH will share the costings with MM Leads outside of the meeting.	**BH**	**04.02.2016**	**Closed**
2016/007	**Lisdexamphetamine in adults with ADHD** SM will update the Adult ADHD Shared Care Guideline with Lisdexamphetamine in light of the Amber 0 colour classification decision. **Update**: discussed under an agenda item	**SM**	**04.02.2016**	**Closed**
	CF will bring back to January 2017 LMMG an audit of the impact of Lisdexamfetamine on patients who require symptom control for over 12hrs.	**CF**	**04.02.2016**	**Closed**
2016/008 and 009	**Insulin glargine 300 units//mL in Type 1 and Type 2 Diabetes Mellitus** 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. **Update:** discussed under matters arising and deferred to the March LMMG.	**LMMG Members**	**04.02.2016**	**Open**
2016/15	**New NICE Technology Appraisal Guidance for Medicines (December 2015)** **TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis** 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. **Update:** discussed under an agenda item.	**SM**	**04.02.2016**	**Closed**

ACTION SHEET FROM THE 11th FEBRUARY MEETING				
2016/028	**Horizon Scanning 2016/17 Financial Year**			
	Evolocumab for treating primary hypercholesterolemia and mixed dyslipidaemia – NICE guidance is due in April 2016; BH suggested that this potential significant cost pressure should be highlighted to commissioners.	**MM Leads**	**03.03.2016**	**Open**
	Licensed version of e-cigarettes - JK will forward the letter from BwD Council to MLCSU for circulation and MLCSU will engage with Public Health with a view to publishing a joint statement.	**JK BH**	**03.03.2016**	**Open**
	Secondary Care MM Leads will circulate the Horizon scanning document to specialists to seek their preferences for prioritising products which are due to be licensed.	**Secondary Care MM leads**	**03.03.2016**	**Open**