

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 10th April 2014 at Preston Business Centre**

2014/065

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Dr 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
Nicola Schaffel (NS)	Medicines Optimisation Lead Pharmacist	NHS Greater Preston CCG, NHS Chorley and South Ribble 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

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 (JL)	Head of Medicines Performance	NHS Staffordshire and Lancashire CSU
Joanna Henderson (JH)	Medicines Commissioning Pharmacist	NHS Staffordshire and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Staffordshire and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/045	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting and introduced Joanna Henderson (Medicines Commissioning Pharmacist) from Staffordshire and Lancashire CSU who was in attendance to observe the meeting.</p> <p>Apologies for absence were received on behalf of Dr Hari Nair, Dr Emile Li Kam Wa, Dr Sigrun Baier and Gareth Price.</p>	
2014/046	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	
2014/047	<p>Declaration of any other urgent business</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/048	<p>Minutes of the last meeting dated 13 March 2014 The minutes of the meeting dated 13th March 2014 were agreed as a true and accurate record.</p> <p>Updates from the action points from the December 2013 and the January, February and March 2014 meetings can be found by referring to the action sheet attached to the minutes.</p>	
2014/049	<p>Matters arising (not on the agenda) PB discussed a request which had been received from an Oncologist, for shared care arrangements to be developed for Denosumab in bone metastasis, where Denosumab is being administered on a separate occasion from other treatments resulting in additional hospital visits.</p> <p>The suitability of a shared care arrangement was discussed together with the funding and administration arrangements. To progress this matter, it was decided that further information was required. Secondary care representatives will provide patient number data and the CSU will scope a paper for Denosumab looking at financial and potential service impacts, to be brought back to the June LMMG.</p> <p>Action: Secondary care representatives to provide estimates of patient number data to the CSU.</p> <p>Prepare a scoping paper for Denosumab looking at financial and potential service impacts to be brought back to the June LMMG.</p>	<p>Secondary Care Representatives</p> <p>JL</p>
NEW MEDICINES REVIEWS		
2014/050	<p>Canagliflozin BH discussed the studies in the evidence review and consultation responses received following the medicines review for Canagliflozin for glycaemic control in adults with type II diabetes mellitus. The results are recorded as follows:-</p> <p>Monotherapy – all 8 responding organisations agreed with the recommendation that Canagliflozin is not recommended as monotherapy.</p> <p>Dual Therapy – Two key trials of dual therapy were looked at (add-on to metformin). 300mg daily was statistically superior to optimised dose glimepiride and sitagliptin 100mg daily (secondary analysis) for change from baseline in HbA1c at 52 weeks. The clinical significance of the differences is unclear. 100mg daily was non-inferior to these comparators for this endpoint.</p> <p>3 CCGs and LCFT agreed with the recommendation that Canagliflozin 100mg is recommended as an add-on to metformin</p>	

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	<p>in line with NICE TA 288 for Dapagliflozin and the recommendation that Canagliflozin 300mg is only recommended when control of blood glucose remains or becomes inadequate on Canagliflozin 100mg, where the only alternative would be the addition of insulin, GLP-1 or an alternative oral agent.</p> <p>Organisations from the East Lancashire Health Economy did not support the recommendation, as they felt that the LMMG recommendation would be released too close to the NICE recommendation due in June 2014.</p> <p>Triple Therapy – 3 CCGs and LCFT agreed with the recommendation that Canagliflozin is recommended for use in triple oral therapy in patients who would otherwise receive a GLP-1 mimetic. That is patients with a BMI $\geq 35\text{kgm}^2$ or a BMI $< 35\text{kgm}^2$ and therapy with insulin would have significant implications or weight loss would benefit other significant obesity-related co-morbidities.</p> <p>Organisations from the East Lancashire Health Economy did not support the recommendation, as they felt that the LMMG recommendation would be released too close to the NICE recommendation due in June 2014.</p> <p>Use in combination with Insulin – 3 CCGs and LCFT agreed with the recommendation that Canagliflozin is recommended in combination with insulin with or without antidiabetic drugs.</p> <p>Organisations from the East Lancashire Health Economy did not support the recommendation, as they felt that the LMMG recommendation would be released too close to the NICE recommendation due in June 2014.</p> <p><u>Recommendation</u></p> <p>It was agreed that as the LMMG recommendation would be released too close to the NICE recommendation due in June 2014 that for dual therapy, triple therapy and use in combination with insulin they would be designated as GREY - awaiting NICE Guidance. Use as monotherapy would be designated as BLACK.</p> <p>Action: For dual therapy, triple therapy and use in combination with insulin put this on the website as grey - awaiting NICE guidance. Add to the website that use as monotherapy is designated as BLACK.</p> <p>Bring this item to the July LMMG agenda after publication of NICE guidance.</p>	<p>BH</p> <p>BH</p>

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2014/051	<p>Nicotine strips BH presented the paper and responses in line with the draft recommendation that <i>Nicotine strips are recommended for use as an alternative oromucosal Nicotine Replacement Therapy product only in smokers who do not need a cigarette within 30 minutes of waking, when nicotine gum or lozenges are not appropriate for individual patients.</i></p> <p>Two unpublished comparative provoked craving studies were examined. The cravings results were measured on a visual analogue scale as set out in the evidence review.</p> <p>There were no significant differences in safety issues between the two studies at 12 weeks.</p> <p>Nicotine strips are more expensive than the cost of gum and lozenges, but less expensive than inhalators, nasal spray or the microtab.</p> <p>The consultation responses were recorded as follows:- 3 CCGs, LCFT and 1 Acute Trust agreed with the recommendation, 3 CCGs and 1 Acute Trust organisations did not agree with the recommendation.</p> <p>The group made the decision to support the recommendation based on the responses received from the consultation process.</p> <p>Action: Update the website with the recommendation as written in the evidence review as GREEN.</p>	BH
2014/052	<p>Ticagrelor pathway update BH discussed the response received from the requesting clinician with regard to the request for further clarity around the prescribing protocol for ticagrelor in ACS. The group discussed the way forward and considered their local arrangements. AG suggested that he will share Blackpool Acute Trust's ACS pathway, which has been developed with the local consultants' group. On receipt of this, a proposal paper will be drafted and sent to specialists seeking clarity on where they want Ticagrelor to fit within the ACS pathway. This will then be sent out to consultation and discussed at the LMMG.</p> <p>Action: Share the Blackpool ACS pathway.</p> <p>Prepare a paper for engagement with Cardiologists.</p>	AG BH

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2014/053	<p>LMMG – New Medicine Review Work Plan update BH presented the New Medicines Reviews work plan for the development of policy/formulary position statements.</p> <p><u>Medications due for recommendation from the April 2014 LMMG</u> <i>Nicotine Strips & Canagliflozin</i> – has been out to consultation and are discussed on this month’s agenda.</p> <p><i>Eltrombopag</i> – currently out for consultation.</p> <p><u>Medications due for recommendation from the June 2014 LMMG</u> <i>Alogliptin</i> – further information on this product has been received; this will be going out to consultation to be brought to the June meeting.</p> <p><i>Lubiprostone</i> – this will be out to consultation in time for the June meeting.</p> <p><i>Relvar Elipta</i> – currently in the development process.</p> <p><i>Certolizumab</i> (Ankylosing spondylitis) - currently in development, planned for consultation in time for the June meeting.</p> <p><i>Certolizumab</i> (Psoriatic Arthritis) - currently in the draft process planned for consultation in time for the June meeting.</p> <p><i>Vesomni</i> (combination of solifenacin and tamsulosin) - currently in development, planned for consultation in time for the June meeting.</p> <p><u>Medications added to the work plan following the March 2014 meeting</u></p> <p>Updates on the following medications will follow at the May LMMG:-</p> <p><i>Albiglutide</i> <i>Brimonidine</i> <i>Umeclidinium inhaler and Umeclidinium/Vilanterol inhaler</i> <i>Dapoxetine</i> <i>Peristeen/Quofora</i> – the policy has been received and will be reviewed for a future meeting.</p> <p><u>Medication request received since the March LMMG meeting</u> <i>Lisdexamfetamine</i> – a request from CAMHS services in Blackpool has been received, no further new evidence has been submitted</p>	

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	<p>than that which was considered when LMMG agreed its recommendation; therefore the group agreed that this will be sent back to say that there is an existing recommendation in place.</p> <p>CF raised that there may be a desire amongst specialists to use lisdexamfetamine in a restricted group of specialist patients; it was agreed that if this was the case that an application would need to be submitted for consideration.</p> <p>BH informed the group that Omalizumab for Urticaria was omitted from the Horizon Scanning document which was considered by the group at the March meeting; omalizumab will be added to the work plan.</p> <p><u>Medications currently on hold</u> Magnesium sachets Eslicarbazepine Caphason Nalmefene Fluarix Tetra Switching anti-TNFs in Psoriatic arthritis Rivaroxaban (Acute symptomatic PE) Rivaroxaban (Prevention of adverse outcomes after the acute management of ACS) Non-valvular AF – choice of agents</p> <p>Actions: <i>Alogliptin</i> – bring to the June meeting after this has gone out to consultation. <i>Lubiprostone</i> – bring to the June meeting after this has gone out to consultation. <i>Certolizumab</i> (Ankylosing spondylitis) - bring to the June meeting after this has gone out to consultation. <i>Certolizumab</i> (Psoriatic Arthritis) - bring to the June meeting after this has gone out to consultation. Vesomni (combination of solifenacin and tamsulosin) - bring to the June meeting after this has gone out to consultation.</p> <p>Bring updates to the May LMMG for the following medications:- <i>Albiglutide</i> <i>Brimonidine</i> <i>Umeclidinium inhaler/Umeclidinium/Vilanterol inhaler</i> <i>Dapoxetine</i> <i>Peristeen/Quofora</i></p> <p>Lisdexamfetamine – send this back to Blackpool stating that there is an existing position in place.</p> <p><i>Omalizumab</i> for Urticaria - add to the work plan.</p>	<p>CF to inform LCFT consultants of need to apply for restricted use of lisdexamfetamine.</p> <p>All actions BH</p>

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NATIONAL DECISIONS FOR IMPLEMENTATION		
2014/054	<p>New NICE Technology Appraisal Guidance for Medicines (March 2014) EJ gave an overview of the NICE TAGs published in March 2014:-</p> <p><i>TAG No. 307 Colorectal cancer (metastatic) – aflibercept</i> - the appraisal is not recommended therefore the traffic light status on the website will be put on as black.</p> <p><i>TAG No. 308 Vasculitis (anti-neutrophil cytoplasmic antibody – associated) – rituximab (with glucocorticoids)</i> - the commissioning responsibility is NHS England; this will be put on the website as red</p> <p>Actions: TAG No. 307 Colorectal cancer (metastatic) – aflibercept - put on the website as black.</p> <p>TAG No. 308 Vasculitis (anti-neutrophil cytoplasmic antibody – associated) – rituximab (with glucocorticoids) – put on the website as red.</p>	<p>JL</p> <p>JL</p>
2014/055	<p>New NHS England medicines commissioning policies (March 2014) EJ informed the group that four new Cancer Drugs had been added to the Cancer Drugs Fund medication list in March for information. Provider applications for these must be made via the Cancer Drugs Fund and not via CCGs. The medications are:-</p> <p><i>Albumin Bound Paclitaxel</i> – advanced pancreatic cancer (in combination with gemcitabine). <i>Bevacizumab</i> – advanced cervical cancer. <i>Bevacizumab</i> – low grade glioma in children. <i>Cabazantinib</i> – medullary thyroid cancer.</p>	
2014/056	<p>New medicines reviews and NICE In light of the recent issue in relation to the delay to the consultation for the Canagliflozin evidence review due to the lack of information from the manufacturer on the reimbursement price, a discussion about the future process took place.</p> <p>To avoid a similar issue occurring, where the completion date of the evidence review coincides with the launch of NICE guidance, it was agreed to review the work plan on a monthly basis to see if pricing/launch dates have been made available. It was agreed that if pricing and launch date have not been agreed that the</p>	

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	<p>evidence review will not be started.</p> <p>Action: Before commencing new evidence reviews to check if pricing/launch date is available.</p>	<p>BH</p>
<p>2014/057</p>	<p>Scoping process for guidelines JL gave an overview of a proposed process for the development of future guidelines to ensure a more robust process and to allow prioritisation of work. The group agreed to support the recommendations as follows:-</p> <ol style="list-style-type: none"> 1 A scoping document will be sent to LMMG members before work on a new guideline commences. Currently available local and national guidelines will be identified and LMMG members will be asked to determine specific requirements for the proposed new guideline. 2 A paper will then come back to LMMG detailing the outcomes of the scoping exercise, for LMMG to make a recommendation for the guideline development 3 When developing guidelines, the CSU will consult with specialists across Lancashire to produce a first draft. This draft will then be sent out for consultation via the LMMG process. All comments will be actioned before the final document comes to LMMG for agreement <p>Action: Trial the proposed draft scoping process for the diabetes guidelines.</p>	<p>JL</p>
<p>2014/058</p>	<p>Update from the Strategic Clinical Network JL gave an update regarding the Strategic Clinical network's work plans and strategies which had been requested as a result of the workshop discussions in the January 2014 LMMG. JL referred the group to the appendix in the paper showing the key areas for development and their programme of work. JL updated the group regarding the two requests to the network for the provision of support:-</p> <p>Rivaroxaban as part of a DVT and PE treatment – this is on the Strategic Clinical Network's work plan; a pilot with Greater Manchester is due for roll out soon. LMMG will wait for the results of this. JL to speak with Suzanne Hughes regarding timescales for the pilot and update at next month's meeting.</p> <p>The place in therapy and choice of NOAC drugs for AF – a discussion took place regarding the engagement with Greater Manchester stakeholders and how this might influence the work being added to the SCN workplan. To inform this discussion, Lancashire's NOAC prescribing data at practice level will be distributed. An item will be put on next month's LMMG agenda to discuss how this can be taken forward.</p>	

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	<p>It was decided by all that the request for a nomination of a representative for the CVD steering group would be considered when the group TOR and further information about the frequency of meetings was known.</p> <p>Actions: Rivaroxaban as part of a DVT and PE treatment – await for the results of the pilot role out in Greater Manchester. Establish timescales for the roll out of the pilot.</p> <p>NOAC drugs for AF - distribute Lancashire NOAC prescribing data.</p> <p>Discuss NOAC drugs at the May LMMG meeting.</p> <p>Representative for the CVD steering group – await further information from the Network before consideration.</p>	<p>JL</p> <p>BH</p> <p>JL</p> <p>JL</p>
GUIDELINES and INFORMATION LEAFLETS		
2014/059	<p>LMMG – Guidelines Work Plan update JL reviewed the LMMG guidelines work plan with the group. The following guidelines were discussed and agreed subject to the actions below:</p> <p>Due for approval April LMMG Paper on scoping and process for guidelines - paper on the agenda</p> <p>Due for approval May LMMG Antipsychotic and Lithium Shared Care guidelines – out to consultation. ADHD GP annual assessment document – out to consultation.</p> <p>Due for approval June LMMG DMARD Shared Care – currently being worked up with Consultants, will be out to consultation soon.</p> <p>Ongoing Diabetes guidelines – this will be effected using the draft scoping process.</p> <p>Treatment of Juvenile Idiopathic Arthritis – still await a policy statement from Steven Jones – ongoing.</p> <p>Shared Care guidelines – ongoing.</p> <p>PPI information – LMMG decided that this work will be useful; JL</p>	<p>All actions JL</p>

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	<p>will follow up the existing work that has already been done in support of this.</p> <p>Ophthalmology pathways – this is ongoing.</p> <p>Gluten free guidelines – this has been looked at locally but it has not yet been through LMMG. After a discussion it was decided that LMMG will review the content of the guideline and its products contained in it. CSU will look at prescribing cost data.</p> <p>Non-cancer pain guidelines – await the responses from the pain consultants to draw up a draft pathway. A reminder will be sent via email to the pain consultants.</p> <p>Specials alternatives document – due to copyright issues it was discussed and decided to remove this guideline from the workplan.</p> <p>In addition to the guidelines discussed JL discussed a contraceptive formulary resource document which had been carried out in LCFT. As one of the highlighted drugs (Yasmin) could potentially impact on GP prescribing budgets the CSU will look at prescribing data for Yasmin and share. Consideration will then be given as to whether a piece of work on this product should be carried out. JL will circulate the resource document to LMMG members.</p>	
ITEMS FOR INFORMATION		
2014/060	<p>Lancashire Care FT Drug and Therapeutic Committee minutes 17th March 2014</p> <p>TN brought item DT/32/14 LCFT Joint Formulary Review of the D&T Committee meeting to the attention of the group. EJ suggested that the LMMG could utilise the consultation process for the engagement of CCGs. EJ asked CF to take the suggestion to the next D&T meeting and bring an update to the next LMMG.</p> <p>Action: CF to take the suggestion to utilise the consultation process to the D&T Committee meeting and update at the next LMMG.</p>	CF
2014/061	<p>Lancashire CCG Network minutes 27th February 2014</p> <p>This item was brought to the meeting for information.</p>	
<p>Date and time of the next meeting 8th May 2014, 9.30 am to 11.30 am, Meeting Room 1, Preston Business Centre</p>		

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
10 April 2014**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS
	MATTERS ARISING: ACTION SHEET FROM THE 12th DECEMBER 2013 MEETING			
2013/150	Melatonin Action: Prescribing data required from acute trust Update: GP has sent prescribing data and will send item figures outside of the meeting.	GP	10.02.14	Open
2013/160	Lancashire RAG List Harmonisation Update: JL has not had a response from CCGs. Action: JL to recirculate the RAG list data document to be reviewed at the next meeting.	CCG Med Man Leads JL	01.05.14 17/04/14	Open Open
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 the DMARDs first. – no further comments received.	JL	03/04/14	Open
	MATTERS ARISING : ACTION SHEET FORM THE MEETING ON 13 FEBRUARY 2014			
2014/020	LMMG – New Medicine Review work plan update <i>Peristeen</i> Update: the Fylde policy on this has been received. To be brought to the May meeting. <i>Caphason</i> Action: speak with Radiotherapy Services to determine the policy position in Preston. Update: GP is still chasing this. <i>Nalmefene</i> 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. <i>Fluarix Tetra</i> Action: discuss issue with Public Health including collaborative working between	BH GP PH responsibility	01.05.14 03.04.14 13.11.14	Closed Open Open

	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.	PH responsibility	03.04.14	Open
	MATTERS ARISING : ACTION SHEET FORM THE MEETING ON 13 MARCH 2014			
2014/033	Tocilizumab monotherapy and Abatacept monotherapy for RA Update: BH had redrafted the pathway and is quality checking this. This will be uploaded to the website and emailed out.	BH	08.05.14	Closed
2014/034	Horizon Scanning Quarter 1 2014-15 Actions: Vedolizumab injection (Crohn's disease) – await confirmation of whether this is commissioned by NHS England. Vedolizumab (Ulcerative Colitis) – awaiting NHS England confirmation of responsible commissioner.	BH BH		Open Open
2014/035	LMMG – New medicines Reviews work pan update Peristeen/Quofora – BH to look at this policy and bring to a future meeting. Rivaroxaban (low dose for ACS) – contact the company to find out the launch date Rivaroxaban – awaiting clarity from the clinical network Non-valvular AF – awaiting clarity from the Clinical Network	BH BH BH BH	01.05.14 08.05.14 08.05.14 08.05.14	Open Open Open Open
	MATTERS ARISING : ACTION SHEET FORM THE MEETING ON 10 APRIL 2014			
2014/049	Matters arising (not on the agenda) Denosumab Actions: Secondary care representatives to provide estimates of patient number data. Update: PB to remind secondary care to send patient data. Prepare a scoping paper for Denosumab looking at financial and potential service	Secondary Care JL	05.06.14 05.06.14	Open Open

	impacts.			
2014/050	<p>Canagliflozin Action: For dual therapy, triple therapy and use in combination with insulin put this on the website as grey awaiting NICE guidance. Add to the website that use as monotherapy is designated as BLACK.</p> <p>Bring this item to the July LMMG agenda.</p>	<p>BH</p> <p>BH</p>	<p>17.04.14</p> <p>03.07.14</p>	<p>Closed</p> <p>Open</p>
2014/051	<p>Nicotine strips Action: Update the website with the recommendation as written in the evidence review as GREEN.</p>	<p>BH</p>	<p>17.04.14</p>	<p>Closed</p>
2014/052	<p>Ticagrelor pathway update Action: Share the Blackpool ACS pathway.</p> <p>Prepare a paper for engagement with Cardiologists.</p>	<p>AG</p> <p>BH</p>	<p>17.04.14</p> <p>05.06.2014</p>	<p>Open</p> <p>Open</p>
2014/053	<p>LMMG – New Medicine Review Work Plan update Actions: <i>Alogliptin</i> – bring to the June meeting after consultation. <i>Lubiprostone</i> – bring to the June meeting after. <i>Certolizumab</i> (Ankylosing spondylitis) - bring to the June meeting after consultation. <i>Certolizumab</i> (Psoriatic Arthritis) - bring to the June meeting after consultation. Vesomni (combination of solifenacin and tamsulosin) - bring to the June meeting after consultation.</p> <p>Bring updates to the May LMMG for the following medications:- <i>Albiglutide</i> <i>Brimonidine</i> <i>Umeclidinium inhaler/Umeclidinium/Vilanterol inhaler</i> <i>Dapoxetine</i> <i>Peristeen/Quofoa</i></p> <p>Lisdexamfetamine – send this back stating that there is an existing position in place.</p> <p>Inform LCFT consultants of need to apply via</p>	<p>All BH</p> <p>All BH</p> <p>BH</p>	<p>All 12.06.14</p> <p>All 01.05.14</p> <p>17.04.14</p>	<p>Open</p> <p>Open</p> <p>Open</p>

	LMMG for restricted use of Lisdexamfetamine	CF	17.04.14	Open
	<i>Omalizumab</i> for Urticaria - add to the work plan.	BH	17.04.14	Open
2014/054	New NICE Technology Appraisal Guidance for Medicines (March 2014) Actions: TAG No. 307 Colorectal cancer (metastatic) – aflibercept - put on the website as black.	JL	17.04.14	Closed
	TAG No. 308 Vasculitis (anti-neutrophil cytoplasmic antibody – associated) – rituximab (with glucocorticoids) – put on the website as RED.	JL	17.04.14	Closed
2014/055	New NHS England medicines commissioning policies (March 2014) Action: Add these medications to the website with the red traffic light status; add the information regarding the provider application process.	JL	17.04.14	Closed
2014/056	New medicines reviews and NICE Action: Update evidence reviews process to ensure a check on whether pricing/launch date is available before starting any reviews.	BH	01/05/14	Closed
2014/057	Scoping process for guidelines Action: Trial the proposed draft scoping process for the diabetes guidelines.	JL	01/05/14	Open
2014/058	Update from the Strategic Clinical Network Actions: Rivaroxaban as part of a DVT and PE treatment – await for the results of the pilot role out in Greater Manchester. Establish timescales for the role out of the pilot – email sent on 23 rd April to establish timescales	JL	05.06.14	Open
	NOAC drugs for AF - distribute Lancashire NOAC prescribing data.	BH	01.05.14	Open
	Discuss Rivaroxaban and NOAC drugs at the May LMMG meeting.	JL	01.05.14	Closed
	Representative for the CVD steering group – await further information from the Network before consideration.	JL	8.05.14	Closed
2014/059	LMMG – Guidelines Work Plan update Due for approval June LMMG Actions:			

	Diabetes guidelines – produce a scoping document.	JL	05.06.14	Open
	PPI information – follow up existing work that has already been done in support of this.	JL	01.05.14	Open
	Gluten free guidelines – CSU will look at cost saving data and review guidelines.	JL	05.06.14	Open
	Non-cancer pain guidelines –A reminder will be sent via email to the pain consultants.	JL	17.04.14	Open
	Contraceptive formulary resource document - CSU will look at prescribing data for Yasmin and share. JL will circulate the resource document to LMMG members – document and prescribing data has been shared.	JL	01.05.14	Closed
	Specials alternative document – remove the guideline form the work plan – this has been removed.	JL	01.05.14	Closed
2014/060	<p>Lancashire Care FT Drug and Therapeutic Committee minutes 17th March 2014</p> <p>Action: DT/32/14 LCFT Joint Formulary Review -</p> <p>Action: CF to take the suggestion to utilise the consultation process to the D&T Committee meeting and update at the next LMMG.</p>	CF	08.05.14	Open