

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th November 2014 at Jubilee House, Leyland**

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
David Jones (DJ)	Assistant Chief Pharmacist	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
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	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG

IN ATTENDANCE:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Cassandra Edgar (CE)	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
2014/161	<p>Welcome & apologies for absence</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received on behalf of Dr Emile Li Kam Wa, Dr David Shakespeare, Clare Moss and Aidan Kirkpatrick.</p>	
2014/162	<p>Declaration of any other urgent business</p> <p>None.</p>	
2014/163	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/164	<p>Minutes of the last meeting (9th October 2014)</p> <p>The minutes of the meeting dated 9th October 2014 were agreed as a true and accurate record subject to the following rewording of the LMMG recommendation for Lisdexamfetamine:-</p> <p>NEW MEDICINE REVIEWS 2014/145 Lisdexamfetamine Lisdexamfetamine (Elvanse[®]) is recommended for use in the treatment of ADHD in children and young adults only in complex patients who meet both of the following criteria.</p> <ul style="list-style-type: none"> • on 3-4 daily doses of short acting Dexamfetamine where extenuating circumstances exist which mean that it is not possible for the patient to receive all doses on a regular basis • treatment has been agreed through the internal governance arrangements of the trust. <p><i>The first bullet point above has been reworded as follows:-</i></p> <ul style="list-style-type: none"> • extenuating circumstances exist which mean that a patient would not reliably receive all the required doses of dexamfetamine throughout the day and requires a once daily dose of lisdexamfetamine to support adherence <p>Decision All LMMG members agreed with the rewording of the first bullet point in the recommendation.</p> <p>Action BH to amend the first bullet point in the recommendation.</p>	BH
2014/165	<p>Matters arising (not on the agenda)</p> <p>There were no matters arising.</p>	
NEW MEDICINES REVIEWS		
2014/166	<p>Second line use of Anti-TNFs in the treatment of Psoriatic Arthritis</p> <p>CE presented the paper which was prioritised for review following a request from the Central, North and East Lancashire Rheumatology Alliance.</p> <p>Use of certolizumab (Cimzia[®]), adalimumab (Humira[®]), etanercept (Enbrel[®]), golimumab (Simponi[®]) or infliximab (Remicade[®]) as a second anti-TNF (tumour necrosis factor) in psoriatic arthritis (PsA) following discontinuation of first anti-TNF due to an adverse</p>	

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	<p>event or primary or secondary inefficacy.</p> <p>CE summarised the evidence in support of Anti-TNFs in this patient cohort.</p> <p>The draft recommendation was:- A second anti-TNF is recommended in patients with PsA, who meet the NICE criteria for the use of an anti-TNF, but who have failed their initial anti-TNF either due to adverse events or primary or secondary inefficacy.</p> <p>The choice of therapy should be based on the most cost effective preparation; taking into account drug administration costs, required dose, product price per dose (taking into consideration any patient access schemes (PAS) that may be in place from the manufacturers) and the level of evidence available for that particular biologic for use second line.</p> <p>6 out of the 8 CCGs, 4 of 4 Acute trusts and LCFT responded by the closing date.</p> <p>5 CCGs agreed with the draft recommendation, 1 CCG disagreed with the recommendation. 3 Acute Trusts agreed with the recommendation, one trust deferred their response to LCFT, LCFT agreed with the recommendation.</p> <p>Decision All members agreed to support the recommendation as written.</p> <p>Action This will be made Red on the website.</p>	<p style="text-align: center;">BH</p>
<p>2014/167</p>	<p>Melatonin</p> <p>BH discussed the Melatonin paper - unlicensed and off-label use for sleep disturbance/insomnia in children and adults with either congenital/childhood onset brain injury/malformation or adult onset brain injury.</p> <p>The LMMG recommendation was:- Melatonin is recommended for use as a treatment for sleep disorders secondary to neurological disorders only when non-pharmaceutical intervention is inadequate. Where possible, the licensed prolonged-release formulation should be used off-label. Where the licensed formulation does not meet the clinical needs of the patient, unlicensed immediate-release melatonin may be prescribed; however, this should be obtained from a source meeting the standards of good manufacturing practice and</p>	

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	<p>consistent quality. Regular monitoring of response is required for on-going treatment.</p> <p>Decision Melatonin (unlicensed special) – it was agreed that local commissioning arrangements would continue. Due to differences in services across the Lancashire health economies it was not possible to agree a Lancashire wide approach. Melatonin Circadin® – due to Melatonin being Black in the East Lancs area, LR will have local discussions with a view to making this Amber to enable a Lancashire-wide approach.</p> <p>Action Melatonin (unlicensed special) – update the website stating that there is no Lancashire wide recommendation; refer to local commissioning decisions.</p> <p>Melatonin (Circadin®) – LR to discuss the RAG status with local groups and feed outcome back to CSU. Following the outcome, the website will be updated to Amber if appropriate.</p>	<p style="text-align: center;">BH</p> <p style="text-align: center;">LR/BH</p>
<p>2014/168</p>	<p>LMMG – New Medicine Reviews Work Plan update (November)</p> <p>BH presented the New Medicine Reviews Work Plan Update paper. The following medicines have been identified via Horizon Scanning or clinician requests for development of policy/formulary position statements.</p> <p><u>Medications for Recommendation from November 2014</u> Switching anti-TNFs in Psoriatic arthritis – discussed under agenda item 2014/166. Alogliptin – discussed under agenda item 2014/176. Umeclidinium/Vilanterol Inhaler – discussed under agenda item 2014/176.</p> <p><u>Medications for Recommendation from December 2014</u> Eslicarbazepine – (Epilepsy) – awaiting request form from Dr Nixon.</p> <p><u>Medications for Recommendation from January 2015</u> Vedolizumab (Crohns). Dapoxetine (Premature Ejaculation). Tiotropium (Asthma).</p> <p><u>Medications for future review</u> Selenium (Graves Disease) – PB identified that MRI and The</p>	

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	<p>Christie trusts in Manchester were recommending GPs to continue prescribing of Selenium for patients with Graves disease. BH informed the group that GMMMG do not have a formulary position in place for Selenium for this indication; In Lancashire the use of Selenium falls under the vitamins and mineral policy and is not supported. It was decided that further discussions should take place with Manchester. A decision was made by LMMG members that the requests will not be accepted until a formal request has gone through the Manchester health economy; and that the vitamins and minerals policy applied. This will be made Black on the website until a local decision has been made in Manchester.</p> <p>Testosterone (Female sexual dysfunction following oophorectomy or primary ovarian failure).</p> <p>Peristeen (Faecal incontinence and constipation) – F&W have had a request for Qufora. JL will ask the clinician to complete a request form.</p> <p>Canagliflozin/metformin (Vokanamet[®]) (Diabetes mellitus in adults).</p> <p>Apixaban (VTE Treatment, initial and extended use) – NICE guidance is due in June 2015. The LMMG members decided that this was not a priority for review in advance of the NICE guidance. LMMG will await the publication of the NICE guidance.</p> <p>Silk Garments (Adjunct to normal treatment for severe eczema and allergic skin conditions).</p> <p>Spirolactone (Acne Vulgaris).</p> <p><u>Medication currently on hold</u> Rifaximin (Hepatic encephalopathy) - there is no indication of a timescale yet. A decision was made to consider the recommendation made in the Leeds evidence review. However this will stay as Red status until the commissioning arrangements are clear.</p> <p>Vedolizumab (Ulcerative Colitis) – awaiting publication of NICE guidance in April 2014</p> <p>Umeclidinium (Incruse[®]) (COPD) – awaiting SMC due in December 14</p> <p>Co-trimoxazole (Subacute Bacterial Peritonitis Prophylaxis) awaiting a completed application form</p> <p>Colomycin (Pseudomonal infection in bronchiectasis) – awaiting a completed application form.</p>	<p>BH</p> <p>JL</p>

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	<p>Rivaroxaban (Prevention of adverse outcomes after the acute management of ACS) – NICE due in March 2015.</p> <p>Sodium Oxybate (Narcolepsy with Cataplexy) – awaiting a completed application form.</p> <p><u>Medications currently on hold – awaiting licensing and launch</u> Albiglutide (Diabetes).</p> <p>Bazedoxifene/conjugated oestrogen (Post-menopausal osteoporosis + menopausal symptoms).</p> <p>Insulin degludec & liraglutide (Xultrophy[®]) (Insulin dependent diabetes).</p> <p>Liraglutide (Obesity).</p> <p>Insulin degludec & inulin aspartate (Ryzodeg[®]) (Type II Diabetes).</p> <p>Indacaterol/Glycopyrrolate (Ultibro[®]) (COPD).</p> <p>Insulin glargine biosimilar (Optisulin[®]) (Insulin dependent diabetes)</p> <p>Naloxegol (Opiate induced constipation).</p> <p>Canagliflozin metformin for combination products – it was suggested and agreed by all that a general position statement would be useful for combination products. BH will draft a paper for the next meeting.</p> <p>LR stated that requests have been received for the prescription of appliances in the East Lancs area over the last few weeks. Further information will be sought about the status and activity of the National Devices Group. LR will supply a list of devices which have been requested.</p>	<p>BH</p> <p>BH/LR</p>
GUIDELINES and INFORMATION LEAFLETS		
2014/169	<p>Anticoagulant Scoping Paper – update</p> <p>JL discussed the results of the scoping exercises for the development of guidance relating to the choice of oral anti-coagulants for the prevention of stroke and systemic embolism in Atrial fibrillation.</p> <p><u>As a result of discussions at the meeting the following actions were agreed:-</u></p> <p>3 separate documents are required – Consensus Statement/Prescribing Guideline/Decision Aid.</p>	

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	<p>Appendix 2 – an algorithm and tick box are to be combined if possible</p> <p>Appendix 3 – the Lancashire prescribing guideline is preferred over the ones presented in the consultation.</p> <p>Include the initiation of Warfarin in the Consensus Statement and the management of patients with sub therapeutic INRs.</p> <p><u>The following were discussed and it was agreed by all that these will not be incorporated into the guidance document:-</u></p> <p>Adding a frequently asked questions section.</p> <p>Reference to the evidence base behind the use of anticoagulation in patients with falls risk as this is already in the consensus statement– JL will check that this is in the Consensus Statement and add to guideline if not</p> <p>Opportunities for opportunistic case finding/reference to NICE’s recommendation that patients with AF should be offered psychosocial support - JL attended a Lancashire Stroke Prevention Group meeting; a sub-group for stroke prevention will be looking at recommendations around opportunistic testing.</p> <p>Cardioversion advice.</p>	<p>All actions JL</p>
<p>2014/177</p>	<p>LMMG Terms of Reference Update – this item was taken earlier in the agenda to enable EJ to attend another meeting.</p> <p>EJ discussed the new section added to the LMMG’s Terms of Reference (TOR) regarding an appeals process.</p> <p>The group decided that appeals will be accepted within a three month period of the LMMG meeting at which a recommendation was agreed. It was noted that previous references to the ‘NHS Commissioning Board’ in the TOR have been amended to ‘NHS England.’</p> <p>The group agreed with the TOR as the annual review, subject to the amendment above.</p> <p>The process for requests to review medicine recommendations following the release of new evidence or clinical information was discussed. The existing wording in the ‘Criteria for Reviews’ will be checked and either recirculated or brought to the next LMMG if it is not included in the criteria.</p> <p>Action</p>	<p>EJ</p>

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	<p>Amend the length of time allowed for receipt of appeals from one month to three months.</p> <p>TN to take the TOR to the Clinical Network for ratification.</p> <p>EJ to check wording in the criteria for reviews; recirculate to all or bring a paper to the next meeting.</p> <p>EJ left the meeting</p>	<p>TN</p> <p>EJ</p>
<p>2014/170</p>	<p>Non-Cancer Pain Guidance</p> <p>JL discussed the amendments made to the Non Cancer Pain Guidelines following the comments received during the consultation period.</p> <p>All the group agreed with the amendments to date which were highlighted in red in the guidance.</p> <p>It was noted that comments have also been received and incorporated into the first document prior to consultation from Dr Lord from BTH.</p> <p>It was agreed that it would be useful to form a virtual task and finish group with representation from Primary Care, Secondary Care and Pain Consultants.</p> <p>The following members volunteered at the meeting:- MP will ask a pharmacy representative to attend. KL.</p> <p>A discussion about the intended use of the guideline took place. The reference to 'non-specialist centres will be removed due to the guidelines' intended use being in primary and secondary care.</p> <p>Actions JL will email Primary Care pain consultants with a view to forming a virtual task and finish group. Remove reference to 'non-specialist centres' in the guidance.</p>	<p>All actions JL</p>
<p>2014/171</p>	<p>Antipsychotic and Dementia Medications Shared Care</p> <p>JL gave an overview of the comments received following the consultation period for the Antipsychotic and Dementia medications shared care guidelines.</p> <p>Five out of the eight CCGs and two out of five providers responded to the consultation as follows:- 3 CCGs supported the documents. 2 CCGs did not specify whether they supported the documents or not. 1 provider supported the documents.</p>	

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	<p>1 provider did not specify whether they supported the documents or not.</p> <p>Decision The group agreed to support the recommendations subject to the removal of the reference to screening in Primary Care in the dementia shared care guidelines</p> <p>Action Remove reference to screening in Primary Care in the dementia SCGs.</p>	<p>JL</p>
<p>2014/172</p>	<p>NOAC Consensus Statement</p> <p>JL discussed the revised Consensus Statement which was updated in light of the NICE guidance and emerging evidence base which was considered at the October LMMG meeting.</p> <p>Decision The group agreed with the amendments highlighted in red in the document.</p> <p>Action Upload the NOAC Consensus Statement to the website.</p>	<p>JJ</p>
<p>2014/173</p>	<p>LMMG – Guidelines Work Plan update</p> <p>JL presented the LMMG guidelines work plan update paper.</p> <p><u>Ongoing</u> Treatment of Juvenile Idiopathic Arthritis – awaiting an update from Steven Jones.</p> <p>Dosing and monitoring document to support local shared care guideline for LMWHs – this is planned to come to the January 2015 meeting.</p> <p>RAG list annual review – a reminder has been sent out to organisations to submit forms for any proposed change in rag status.</p> <p><u>New additions to work plan</u> Ivabradine information sheet – this is due for a review in May 2015; it is due to go out to consultation in March 2015.</p> <p>Stroke prevention in AF decision making guideline – clarity Has been gained at this meeting on the format</p>	

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	<p>Since the guidelines work plan update paper was produced there has been two requests for the potential development of a guideline:-</p> <p>Erectile Dysfunction guideline. This is being looked at within the North Lancs locality. It was agreed that this will be looked at Lancashire wide. LR will forward the East Lancs policy statement in support of the development of a guideline.</p> <p>Apomorphine shared care guideline – a request has been received from East Lancs. It was noted that neighbouring areas have existing guidelines in place. LMMG would adopt an existing shared care guideline for Apomorphine.</p> <p>Actions LR to forward the East Lancs policy statement on Erectile Dysfunction.</p> <p>Add Erectile Dysfunction guideline to the work plan.</p> <p>Add the Apomorphine shared care guideline to the work plan.</p>	<p>LR</p> <p>JL</p> <p>JL</p>
NATIONAL DECISIONS FOR IMPLEMENTATION		
2014/174	<p>New NICE Technology Appraisal Guidance for Medicines (October)</p> <p>The NICE TAG for the medicine published in October 2014 was brought to the meeting for information.</p> <p>TAG 321 Dabrafenib for treating unresectable or metastatic BRAF V600 mutation – positive melanoma – this is an NHS England commissioning responsibility; this will put onto the website as Red Traffic Light status.</p>	JJ
2014/175	<p>New NHS England medicines commissioning policies (October)</p> <p>None published in October.</p>	
2014/176	<p>Evidence reviews published by SMC or AWMSG (August, September and October)</p> <p>BH presented the SMC/AWMSG paper - guidance for medicines published in August, September and October 2014.</p> <p>The group had a lengthy discussion about the various options that LMMG could take following the recommendations published by SMC/AWMSG. It was felt that further discussion was needed around this area. BH will bring a proposal paper to the December</p>	

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	<p>LMMG meeting and include a process flow chart in the paper.</p> <p>Action BH to bring a draft proposal paper to the December LMMG meeting.</p>	BH
PROCESS PROPOSALS		
2014/178	<p>Process for colour classification</p> <p>JL gave an overview of the process for colour classification of medicines paper.</p> <p>The group supported the process flow chart in the paper. The group agreed that this process should be implemented when undertaking a new medicine review where a recommended RAG status is proposed.</p> <p>Action Place the process for colour classification flow chart on the LMMG website.</p>	JJ
OTHER PROPOSALS		
2014/179	<p>Phosphate Binders in Renal Dialysis</p> <p>BH discussed the Phosphate Binders in Renal Dialysis paper which was brought to the meeting following information received from NHS England Specialist Commissioning. LMMG considered the formulary status of phosphate binders.</p> <p>Decision The group agreed that LMMG will consider all new medication requests for Phosphate Binders from specialist renal centres.</p>	
ITEMS FOR INFORMATION		
2014/180	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (1st October 2014)</p> <p>The group noted these minutes.</p>	
2014/181	<p>Minutes of the Lancashire CCG Network (25th September 2014)</p> <p>The group noted these minutes.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/182	<p>Any other business</p> <p>‘Restricted’ classification</p> <p>This item was deferred to the December meeting.</p>	
	<p>Update on Asthma Guidelines</p> <p>This item was deferred to the December meeting.</p>	
	<p>Update on COPD Guidelines</p> <p>JL informed the group about a request from a Central Lancs service to amend the COPD guidelines following a change in their local COPD services.</p> <p>The algorithm currently states ‘refer to sec care,’ this will be amended to ‘Consider referral to a local specialist respiratory service or treatment in hospital.’</p> <p>Action Amend the COPD guideline and upload to the website.</p>	<p>JL/JJ</p>
<p>Date and time of the next meeting 11th December, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre</p>		

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
13 OCTOBER 2014**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 20/11/14
ACTION SHEET FROM THE 13 FEBRUARY 2014 MEETING				
2014/020	<p>LMMG New Medicine Review work plan update</p> <p>Fluarix Tetra Action: LMMG will respond to Shelagh Garnett at PH advising them that CCGs would like local advice on relative place in therapy. Update: This is ongoing; EJ has left a message for Shelagh Garnett.</p>	EJ	04.12.14	Open
ACTION SHEET FROM THE 8 MAY MEETING				
2014/073	<p>Shared care document for Interstitial Lung Disease (ILD).</p> <p>EJ highlighted that following the May LMMG GMMMG was contacted in relation to the development of a shared care for ILD at which time the action was closed. GMMMG have been contacted again to ascertain progress and in error this had not been added to their work plan. This has now been added and it was agreed that there would be no more requests for shared care until the document had been agreed.</p>	EJ	04.12.14	Closed
ACTION SHEET FROM THE 10 JULY MEETING				
2014/104	<p>Dapoxetine – Premature Ejaculation</p> <p>Action: send out a summary of the evidence in support of SSRIs to members and bring back to future LMMG meeting. Update: this is currently in the QA process and will be out to consultation during the next few weeks.</p>	BH	04.12.14	Closed
ACTION SHEET FROM THE 11 SEPTEMBER 2014 MEETING				
2014/126	<p>LMMG New Medicine Reviews Work Plan update</p> <p>Rifaximin Action: Contact Leeds to find out what is on their pathway and details about their supporting evidence base.</p>			

	<p>Update: this action was not completed due to NICE updating their website stating that further deliberation by the appraisal committee will be taking place.</p> <p>Action: Check the NICE position in 3-4 weeks' time; in the meantime put onto the website as grey.</p> <p>Action: this is discussed under 2014/168 LMMG New Medicines Reviews Work Plan 2014/15.</p>	BH	06.11.14	Closed
2014/130	<p>Updated Rheumatology pathway</p> <p>Update: JL will email all with a reminder to all to send local decisions to the LCSU so that these can be added to the LMMG website.</p>	ALL/JL	Ongoing	Open
2014/137	<p>LMMG role in relation to pharmaceutical industry joint working proposals and the Health and Wellbeing Board</p> <p>Harriett Lewis from the ABPI has contacted EJ regarding the feasibility of working with LMMG.</p> <p>Action: EJ will contact other regional groups in the North West to understand their current interaction with ABPI. EJ will also contact Harriet Lewis for further clarity around the type of working arrangements she would want.</p> <p>Update: EJ is arranging a meeting with Harriet Lewis and will bring an update to the next meeting.</p>	EJ	04.12.14	Open
ACTION SHEET FROM THE 9 OCTOBER 2014 MEETING				
2014/146	<p>Horizon Scanning Quarter 3 2014-15</p> <p>Dextromethorphan/quinidine oral (Nuedexta) for Pseudo Bulbar Affect (PBA) – CF to take advice from Brain Injury Unit, Guild Lodge as to whether this is required locally and inform CSU.</p> <p>Update: CF will bring an update to a future meeting.</p>	CF	04.12.14	Open
ACTION SHEET FROM THE 13 NOVEMBER 2014 MEETING				
2014/167	<p>Melatonin</p> <p>Action: Melatonin (Circadin[®]) – LR to inform MLCSU of the outcome of local discussions at ELMMB.</p>	LR	04.12.14	Open
2014/168	<p>LMMG – New Medicine Reviews Work Plan update (November)</p> <p>Devices</p>			

	Action: LR to send a list of devices to LCSU which have been requested in EL.	LR	04.12.14	Open
2014/173	LMMG – Guidelines Work Plan update Guideline for Erectile Dysfunction Action: LR to forward the East Lancs policy statement in support of the development of a guideline.	LR	04.12.2014	Open
2014/177	LMMG Terms of Reference Update TN to take the TOR to the Clinical Network for ratification.	TN	04.12.2014	Open