MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE

Minutes of the meeting held on Tuesday 20 April 2010
At 1p.m. in the PCT Meeting Room

PRESENT:
(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fd$^{n.}$ Trust	MK NHS PCT
Folake Kufeji (FK)	Janet Corbett (JC)
Niall Ferguson (NF)	Helen Chadwick (HC)
Amanda Taylor (AT)	Matthew Elswood (ME)
	Sheila Begley (SB)

1. **Apologies for Absence**:
Dr Essam Hassan (EH), Dr Nasiri Ahmed (NA)
2. **Declaration of conflicts of interest**
None

3. **Minutes of last meeting**
Minutes approved as an accurate representation of the meeting.

4. **Matters arising from previous minutes**
Revised TOR final version (see item 11 below)
FK to amend with comments. VJ to investigate the possibility of finding a lay member for the group. **FK & VJ**

5. **South Central Priorities Committee decisions**

Nil to report

6. **Drug formulary**
New medicine applications
a) Letrozole
Following discussion AT emphasised that use would be restricted to Neo-adjuvant use, 3-5 years after tamoxifen and for patients that fail after anastrazole. HC requested that AT produce guidance on the prescribing of aromatase inhibitors. AT to produce. **AT & FK**
Decision: Approved second line to anastrazole only for indications not covered by anastrazole.
Post meeting note: JC highlighted a price increase of letrozole from £66.50 per month to £84.86. Mr Chin (Breast Lead Consultant) responded that The **FK**

proposal to use Letrozole upfront was put forward based on the knowledge of it being possibly cheaper.The news of increase in price has clearly made the proposal inappropriate from the fiscal standpoint. agree that we should remain on Arimidex (Anastrozole) and withdraw our proposal

b) Ketone Test Strips **FK**

NF expressed concern about the cost of the test strips compared to the previous strips used. FK explained that the previous strips used only did glucose testing and not ketone tests. Ketone testing was done in the laboratory, but this would allow for testing at the bed side.
Decision: Approved, but monitor usage of test strips.

7. NICE guidance

a) TA 186 – Certolizumab pegol for the treatment of rheumatoid arthritis **FK**

Approved for use in line with nice guidance.

8. Guidelines in development

None to discuss

9. Patient Group Directions

None to discuss

10. Reports from audits

ME presented the results from the risperidone audit. Please see attached. **ME**

11. Terms of reference review

Please refer to point 4 above. **FK**

12. Any other business

Saving on drugs – Please send any suggestions on how this can be achieved to VJ. **All**

NF has also been looking at this issue with a number of clinical directors. They have come up with about 10 issues which involved mainly therapeutic substitutions. Fostair is to go to the prescribing group.
Read about Scriptswitch. This has saved about £85,000 since its implementation. Could have saved £350,000. The aim is to refresh it monthly. Current implementation is 100% with an acceptance of 20-60%.

13. Confirmation of Date of Next Meeting

The date of the next meeting was confirmed as
Tuesday 15th June 2010 , Elm Room, Time 1.00pm.

Report on the use of oral risperidone products since the introduction of risperidone oro-dispersible to the Joint MK Formulary (in Q1 of 2009/10)

Introduction

Risperidone is an atypical antipsychotic drug used in the treatment of severe mental illnesses such as schizophrenia and bipolar affective disorder. In quarter 1 of the 2008/09 financial year, risperidone became available as a generic product which made its acquisition considerably less expensive than other oral atypical antipsychotics. As such it became an attractive choice for the treatment of patients but clinical utility was limited by the lack of a dose form that could be used in those patients who were intentionally non-compliant (through wilful secretion of administered medication). Risperidone oro-dispersible tablets were added to the Joint MK formulary in quarter 1 of 2009/10 with the following caveats:

Prescribing for inpatients: May be prescribed for a **maximum of seven days** where there is **objective** evidence of non-adherence to prescribed risperidone (e.g. spitting out or hiding tablets). May be prescribed indefinitely where the service user has documented problems with swallowing plain tablet formulations or refuses to adhere to any other form of antipsychotic treatment. It is recognised that these are rare and exceptional circumstances.

Prescribing for outpatients: May be prescribed indefinitely where the service user has documented problems with swallowing plain tablet formulations or refuses to adhere to any other form of antipsychotic treatment. It is recognised that these are rare and exceptional circumstances. Always prescribe this product generically.

Clinical Utility

There are no concerns over the appropriateness of the use of risperidone oro-dispersible at this time.

Effects on Inpatient Expenditure

Since the introduction of generic risperidone in quarter 1 of the 2008/09 financial year, mental health inpatient expenditure on oral risperidone products has markedly reduced (see figure 1).

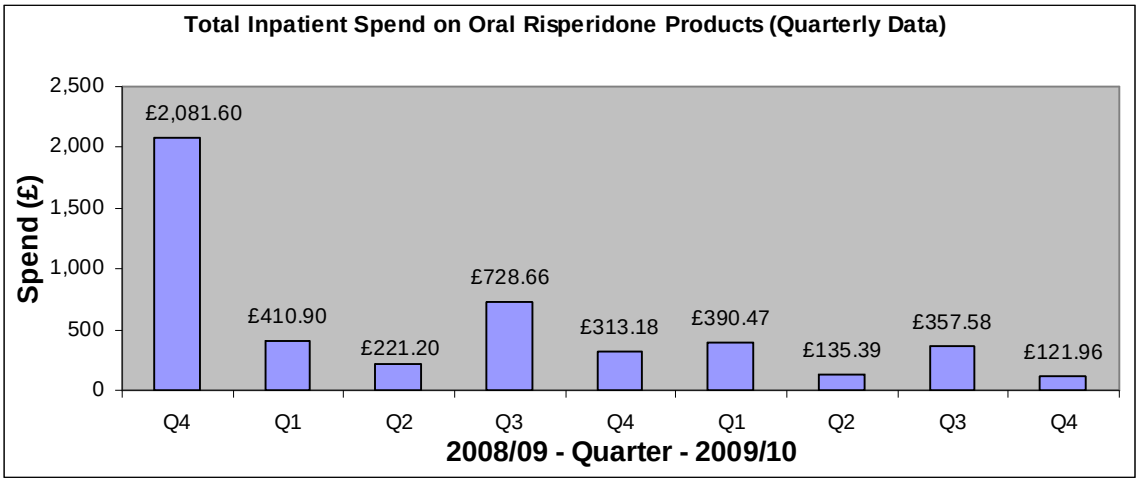

Figure 1 – Mental Health Inpatient Expenditure on Oral Risperidone Products

During this time, the proportion of this expenditure constituted by oro-dispersible risperidone has increased but, remained relatively stable suggesting appropriate rather than broad-brush usage (see figure 2).

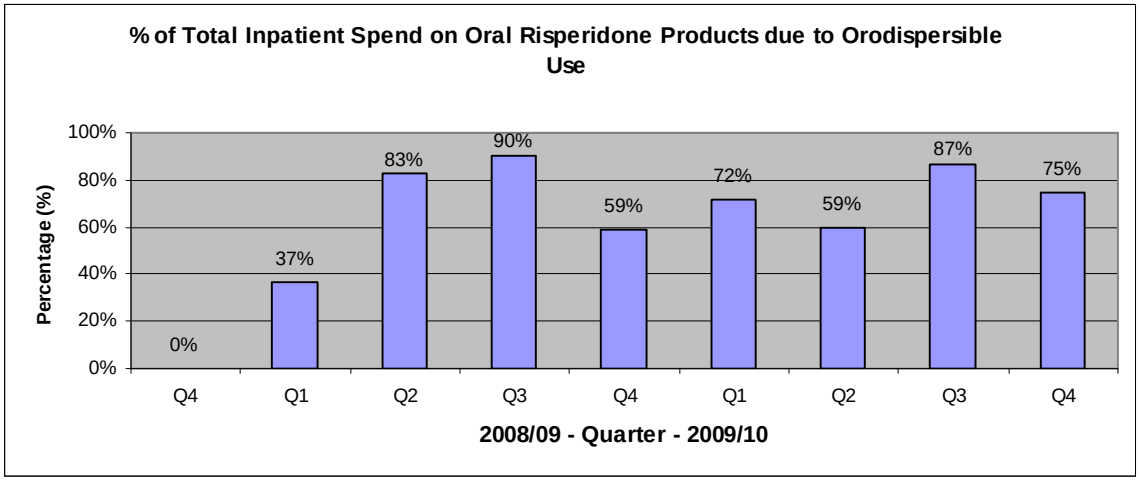

Figure 2 – Mental Health Inpatient Expenditure on Oral Risperidone - % constituted by Oro-dispersible Risperidone

Effects on Provider FP10 Expenditure

Since the introduction of generic risperidone in quarter 1 of the 2008/09 financial year, provider FP10 expenditure on oral risperidone products has reduced. Increased use of

oro-dispersible risperidone in quarters 3 and 4 of 2008/09 and quarter 1 of 2009/10 were accounted for by the presence of one patient prescribed this product at Linden Rehabilitation Unit. Otherwise use is negligible (see figure 3).

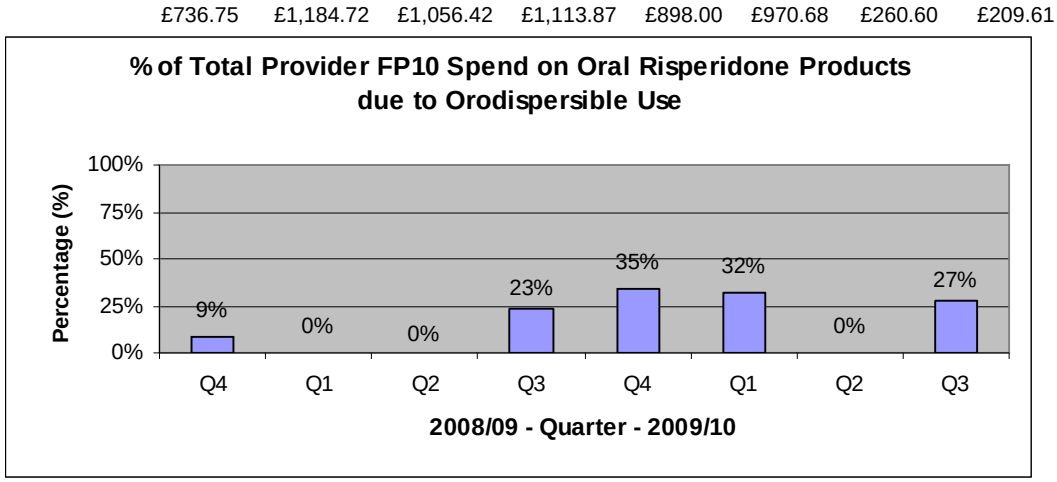

Figure 3 – Provider FP10 Expenditure on Oral Risperidone - % Oro-dispersible

Effects on Whole PCT Expenditure

Since the introduction of generic risperidone in quarter 1 of the 2008/09 financial year, whole PCT expenditure on oral risperidone products has reduced and the proportion of this constituted by oro-dispersible risperidone has increased (see figure 4).

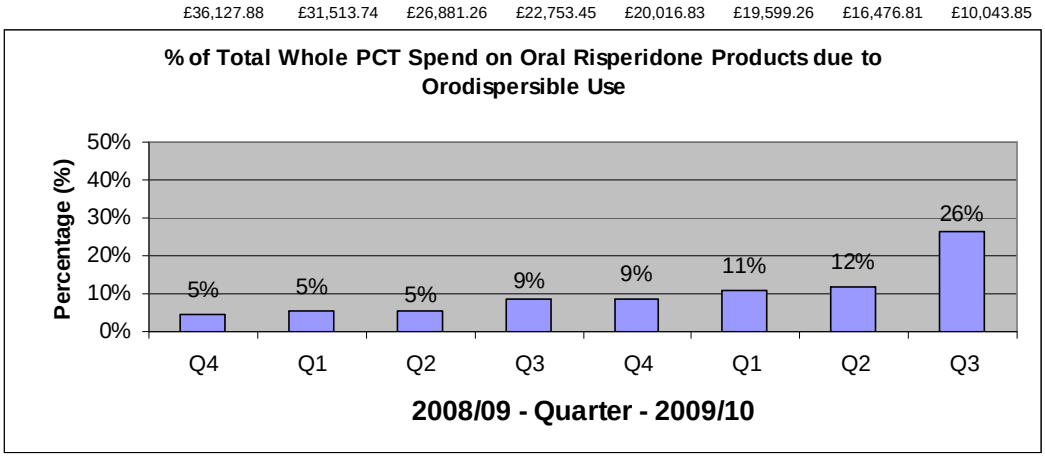

Figure 4 – Whole PCT Expenditure on Oral Risperidone - % Oro-dispersible

The percentage of items which are constituted by prescriptions for oro-dispersible risperidone remains low and has not increased since addition to the formulary but the cost of such items makes up a more significant proportion of the total spend on oral risperidone products. This is consistent with MK deriving maximal benefits from continued price falls of the generic product and suggests satisfactory product entry.

	2008/09				2009/10				
	Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
FP10 Items	1035	1084	1028	1059	987	1072	1024	1040	
% Oro-dispersible	6%	4%	3%	3%	4%	4%	4%	5%	
% Spend	5%	5%	5%	6%	8%	10%	11%	24%	