

MILTON KEYNES NHS TRUSTS MEDICINES AND THERAPEUTICS COMMITTEE

**Minutes of the meeting held on Tuesday 15 June 2010
At 1p.m. in the Hawthorn Room, Oak House**

PRESENT:

(Chair)

Dr V Jeevanathan (VJ)

MKH NHS Fd ⁿ Trust	MK NHS PCT
Folake Kufeji (FK)	Janet Corbett (JC)
	Helen Chadwick (HC)
	Tina Kenny (TK)
	Sheila Begley (SB)

1. Apologies for Absence:

Dr Essam Hassan (EH), Dr Nasiri Ahmed (NA), Niall Ferguson (NF), Busola Ade-Ojo (BAO), Diane Gray, Lakshmi Ragunathan (LR) and Wendy Rowlands (WR).

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

- i. Lay member of committee – VJ had been unable to find a lay member. TK & JC suggested approaching the chair of the foundation trusts members’ council to nominate someone. VJ will seek nomination from the foundation trusts members’ council chair. **VJ**
- ii. Letrozole – Mr Chin’s reply in the post meeting note states that they will withdraw the proposal. However one of the action points from the meeting had been for the development of guidance on the prescribing of aromatase inhibitors. This guidance had been developed and agreed with JC. It specified the niche group of patients suitable for letrozole. Can Mr Chin clarify if “withdraw the proposal” means not using letrozole at all or if they are going to use it within the criteria agreed with JC? FK to liaise with Mr Chin. **FK**
- iii. Savings on drugs – No replies have generated any ideas.
- iv. Revised TOR – This has been put on hold following the clinical governance review currently being undergone at the acute trust. All agreed the importance of using the review process to ensure the right reporting structure for the M&TC within the new clinical governance **VJ**

framework. VJ to pursue this.

5. South Central Priorities Committee decisions

Nil to report

6. Drug formulary

New medicine applications

a) Lidocaine 5% medicated plaster

Application made by Dr Mehrez for use in focal neuropathic pain, an unlicensed indication.

JC met with the pain team in April 2009 to address the issues of making non-formulary recommendations to GPs. These were specifically for the drugs lidocaine 5% medicated plaster, pregabalin and tramacet. They agreed that the pain team would make an application to the M&TC for use of these drugs setting out their position within a pain management pathway. The comments of the PCT prescribing group were also noted (see section 21 of the application form), with the addition that NICE CG 96 could serve as the basis for development of the clinical pathway.

This drug occupies a niche position within NICE CG96 and it was felt that its proposed use would be more widespread. If approved, we would expect that its use should be more limited to its licence ie post herpetic neuralgia, patients with swallowing difficulties

Decision: A resubmission of the application to include submissions for pregabalin and tramacet with clear details of their position within a pain management pathway.

**FK
Dr Mehrez**

7. NICE guidance

a) TA 187 – Infliximab (review) and adalimumab for the treatment of Crohn’s disease.

FK

A review of TA40 and new guidance on adalimumab. Change noted and use is expected to continue in line with NICE guidance.

b) TA 188 – Human growth hormone (somatropin) for the treatment of growth failure in children.

A replacement to TA 42. Two other conditions now included, ie

- Born small for gestational age with subsequent growth failure at 4 years of age or later.

- Short stature homeobox-containing gene (SHOX) deficiency. SHOX currently has a low priority statement on it. JC has highlighted this to the priorities committee for review to ensure NICE compliance.

c) CG 96 – Neuropathic pain – Pharmacological management.

Implications noted and discussed generally in item 6a.

- 8. Guidelines in development**
- a) Cholecalciferol protocol** **FK**
Dr Jenkins
- Committee would like to thank Dr Jenkins for producing this protocol, especially taking on board the request to set guidance on the top limits for dosing. A bit more incorporation of some of the useful guidance from the Oxford protocol and information on how to obtain in the community would be needed. FK to feedback to Dr Jenkins.
- 9. Patient Group Directions**
- None to discuss
- 10. Reports from audits** **FK**
- Audit register will be set up from now onwards to monitor the decisions of the committee. FK to include retrospective decisions from past minutes. Will bring to September meeting.
- 11. MK traffic lights updated**
- They are a reflection of the committee's decisions and would support appropriate prescribing.
- 12. Feedback from PCT prescribing group**
- JC feedback that NF and Naomi Whitelaw had attended the last meeting to discuss interface issues. Two main issues were;
- i.** Looking at ways to improve the referral letters for out-patients appointments.
- ii.** Decrease the use of diclofenac prescribing especially in light of its increased cardiovascular risk. VJ asked for a copy of the evidence to support the increased CV risk. **JC**
- 13. Any other business**
- i.** Dabigatran – Prescribing by orthopaedic surgeons was raised. The main issues were around the unlicensed use of the 150mg in ALL patient groups potentially putting the patients at risk as the evidence from the company states that “Dabigatran etexilate 220mg is the most effective dose, with lower numbers of major VTE and VTE-related mortality”. The use of LMWHs whilst in-patients and conversion to dabigatran on discharge was also queried. VJ to write to Mr Wetherill. **FK & VJ**
- ii.** TA 164 - Febuxostat for the management of hyperuricaemia in people with gout. NICE guidance was published December 2008 but was waived in light of information from the manufacturer that it was temporarily unable to make the drug available. It is now available in the UK and NICE have now reinstated the funding direction to make it available within three months of 11th March 2010. **FK**
- Decision:** Approved in line with NICE guidance

14. Confirmation of Date of Next Meeting

The date of the next meeting was confirmed as

Tuesday 21st September 2010 , PCT Meeting Room, Time 1.00pm.