MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE

Minutes of the meeting held on Tuesday 15th February 2011
At 1p.m. in the Eaglestone Restaurant Function Room

PRESENT:
(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fdn. Trust	MK NHS PCT
Moez Dungarwalla (MD)	Janet Corbett (JC)
Lakshmi Ragunathan (LR)	Matthew Elswood (ME)
Folake Kufeji (FK)	
Niall Ferguson (NF)	

1. Apologies for Absence:
Dr Essam Hassan (EH), Dr Nasiri Ahmed (NA), Dr Sarah Whiteman (SW), Helen Chadwick (HC) and Busola Ade-Ojo (BAO)

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. Dabigatran – VJ informed the committee that this matter was now closed. The clinical director for orthopaedics has now included the use of low dose dabigatran in the trust risk register and the trust has accepted this risk. OP also added that the first year figures had been audited with a DVT rate of 0.8% (350 patients) and a 1% re-operation rate for bleeding in patients on dalteparin **VJ**

ii. Outpatient letter scipt – JC wanted to clarify if they were being used. NF reported that a pack had been created in out patients clinics including a letter from the medical director urging FP10's along with in-house prescriptions not to be used. In line with this FP10's have been withdrawn across the trust. **HC/FK**

iii. Update on electronic formulary – Contractual agreements still being ironed out. We need to explore what other alternatives would be available if this matter cannot be resolved.

iv. Sativex – Dr Butterworth's applications to the priorities committee were turned down as they did not prove exceptionality.

5. Drug formulary

Formulary Appeal:

Ella One **HC**

An appeal was received from Dr Cathy Bruce for Ella One as Emergency Contraception within 120 hours of unprotected sexual intercourse or contraceptive failure. The committee considered the review and felt its place in therapy had been demonstrated. **Dr Bruce**

Decision: APPROVED.

Formulary Review:

a) Ajmaline

Considered as part of the review of the formulary to fill a therapeutic gap.
Decision: APPROVED strictly for use in the diagnosis of Brugada syndrome by CONSULTANT CARDIOLOGISTS ONLY. All other grades of staff will need to prescribe flecanide.

b) Sodium Clodronate

Considered as part of the review of the formulary due to contract changes. Bonefos tablets will now be more cost effective for the trust. Consultation widely with the users has not been completed due to the timing of the contract change. Haematology would have no issue with a switch as no reason for oral biphosphonates to be used. Myeloma patients would be the only patient group for which biphosphonates would be indicated, and this should be administered intravenously. FK to inform geriatrics of switch. **FK** **Dr Duodu**
Decision: APPROVED switch from Loron® to Bonefos®.

Formulary Application:

a) Avamys

The committee considered this application by Mr Draper and concluded that there was no significant clinical advantage over existing formulary choices. removed the need for nursing time and other costs associated with parenteral administration. **FK** **Mr Draper**
Decision: NOT APPROVED, as there was no significant clinical advantage over existing formulary choices.

b) Indigo Carmine

Judith Stewart presented this application on behalf of Dr Madhotra. It is being widely used across the country at many teaching hospitals and district general hospitals. The benefits could be seen in that it would be potential savings in laboratory costs as well as minimise the risk of cutting out things which don't need to be cut out. **FK** **Dr Madhotra**
Decision: APPROVED. FK to write to Dr Madhotra in 3 months to see how this has gone.

c) Tigecycline

LR presented this application. It is needed as it has broad spectrum cover which includes ESBL's, MRSA as well as VRE infections. At present trust policy is 1st line co-amoxiclav, 2nd line tazocin and 3rd line carbapenems. There is a need to reserve carbapenems because of increasing resistance. **FK/LR**

Decision: APPROVED, for CONSULTANT MICROBIOLOGIST and CONSULTANT HAEMATOLOGIST use only as 3rd line to co-amoxiclav and tazocin and 1st line in penicillin anaphylaxis.
Post meeting note:

6. Hospital ePACT data

FP10 usage across the trust is being monitored closely as attempts in the past to get consultants to use FP10's in accordance with the spirit in which they were first introduced was not fruitful. They should only have been used if immediate treatment is required, in all other circumstances, the patients GP should be picking up prescribing or the consultant should be writing a recommendation to the GP. They have also been used as a way of circumventing the formulary. This has led to the cost of FP10s rocketing particularly over the last 2 years. They have now been pulled from all outpatient clinics. Prescribing can be done on out-patient scripts for patients who require an immediate prescription when the pharmacy is open and FP10's are available for restricted use out of hours.

7. Antimicrobial Stewardship Group Minutes **MD/LR**

MD/LR to bring neutropenic policy to next meeting.

8. NICE guidance **FK**

a) TA210 - Clopidogrel and modified release dipyridamole for the prevention of occlusive vascular events (review of technology appraisal guidance 90)

Note: This guidance replaces NICE technology appraisal guidance 90 issued in May 2005. The review and re-appraisal of clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events has resulted in a change in the guidance. Specifically:

• Treatment with modified-release dipyridamole in combination with aspirin for people who have had an ischaemic stroke is now recommended only if clopidogrel is contraindicated or not tolerated.

• Treatment with modified-release dipyridamole in combination with aspirin for people who have had an ischaemic stroke or a transient ischaemic attack is no longer limited to 2 years' duration from the most recent event.

• Clopidogrel is no longer recommended only for people who are intolerant of aspirin and have had an occlusive vascular event or have peripheral arterial disease (see paragraph 1 for new guidance).

• Modified-release dipyridamole alone is now recommended as an option to prevent occlusive vascular events
(see paragraph 3).

Decision: FK to write to Dr Benham – stroke medicine.

b) TA211 – Prucalopride for the treatment of chronic consitipation in women

• Prucalopride is recommended as an option for the treatment of chronic constipation only in women for whom treatment with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and invasive treatment for constipation is being considered.

• If treatment with prucalopride is not effective after 4 weeks, the woman should be re-examined and the benefit of continuing treatment reconsidered.

• Prucalopride should only be prescribed by a clinician with experience of treating chronic constipation, who has carefully reviewed the woman's previous courses of laxative treatments specified in 1.

c) TA160 – Alendronate, etidronate, risedronate, raloxifene and

strontium ranelate for the primary prevention of osteporatic fragility fractures in postmenopausal women

NOTE: This guidance relates only to treatments for the primary prevention of fragility fractures in postmenopausal women who have osteoporosis.

• The treatment of women who have sustained a clinically apparent osteoporotic fragility fracture (for recommendations for the treatment of women with a prior osteoporotic fragility fracture, see the accompanying NICE technology appraisal, 'Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women'.

• The use of alendronate, etidronate, risedronate, raloxifene or strontium ranelate for the primary prevention of osteoporotic fragility fractures in women with normal bone mineral density (BMD) or osteopenia (that is, women with a T-score between – 1 and – 2.5 SD below peak BMD).

• The use of these drugs for the primary prevention of osteoporotic fragility fractures in women who are on long-term systemic corticosteroid treatment

d) TA161 – Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteporatic fragility fractures in postmenopausal women

NOTE: This guidance replaces NICE technology appraisal guidance 87 issued in January 2005. The review and re-appraisal of alendronate, etidronate, risedronate, raloxifene and teriparatide for secondary prevention of osteoporotic fragility fractures has resulted in changes in the criteria for offering these drugs. In addition, strontium ranelate has also been appraised.

e) TA213 – Aripiprazole for the treatment of schizophrenia

ME did not agree with it and will build into antipsychotic guideline being written

• Aripiprazole is recommended as an option for the treatment of schizophrenia in people aged 15 to 17 years who are intolerant of risperidone, or for whom risperidone is contraindicated, or whose schizophrenia has not been adequately controlled with risperidone.

• People aged 15 to 17 years currently receiving aripiprazole for the treatment of schizophrenia who do not meet the criteria specified in 1 should have the option to continue treatment until it is considered appropriate to stop. This decision should be made jointly by the clinician and the person with schizophrenia, and if appropriate, their parents or carers.

9. Any other business

Committee to discuss a new member from either the Consortium/PCT. JC reported this would be discussed at the next PCT prescribing group meeting in May

i)NPSA alert – safe use of Lithium, Lithium booklet aligned to Lithium guidelines

ii) Rapid tranquilisation shortages – Lorazepam

NF reminded that anything which needs discussing/approving is brought to this committee before taking to the clinical board.

10. Confirmation of Dates for 2011

The date of the next meeting was confirmed as

Tuesday 19th April 2011, Eaglestone Function Room, Time 1.00pm.

2011

Month	Venue	Day	Time
April	Eaglestone Function Room	19-Apr	13:00 - 14:00
July	PCT Boardroom	5-Jul	13:00 - 14:00
September	Eaglestone Function Room	20-Sep	13:00 - 14:00
November	Facilities Drawing Room	15-Nov	13:00 - 14:00