Milton Keynes NHS Primary Care Trust

Milton Keynes Hospital NHS NHS Foundation Trust

MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE

Minutes of the meeting held on Tuesday 5th July 2011
At 1p.m. in the Milton Keynes Community Health Services Boardroom
(previously known as PCT Board Room)

PRESENT:
(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fd$^{n.}$ Trust	MK NHS PCT
Niall Ferguson (NF)	Janet Corbett (JC)
Busola Ade Ojo (BAO)	Helen Chadwick (HC)
	Sheila Begley (SB)

Others in attendance: Suri Dhanoa (SD), Terry James (TJ) representing Dr Oomen

1. Welcome, apologies for absence and introductions
VJ welcomed TJ to the committee.
Apologies received from Folake Kufeji (FK), Ahmed Nasiri (AN), Wendy Rowlands (WR), Sarah Whiteman

2. Declaration of conflicts of interest
None to report.

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

4. Matters arising from previous minutes
4 .(i) New eFormulary – HC presented, contract has now been signed initial training has been done and aiming for launch on 20th September. **HC**
6. (a&b) HYLO-Tear & HYLO-Forte – FK has provided the committee with a comparison table to review.
Decision: Agreed as first choice artificial tears when a preservative free preparation is needed
6. (e) Metvix – committee have not received a re-submission. **NF**
8. Milton Keynes Neutropenic Policy – The Haematology Department is having a peer review with Dr A Pendrix from Oxford in July. Jonathan Ellis and George McFaul have agreed to the review but Dr Pendrix will also need to speak to pharmacy and nursing staff. MTC to receive an update at next meeting. ***Item to be kept on Agenda as high concern for the Trust.***

5. ~~South Central Priorities Committee decisions~~

6. Drug formulary

New medicine applications:

a) **Budesonide**

GM not in attendance so review has been postponed.

b) **Bramitob**

TJ presented application - Committee raised concerns about the choice of Bramitob vs TOBI. **TJ**

Decision: Add TOBI to the formulary as it can be administered via the I-Neb device. Bramitob not added.

c) **Dornase**

TJ presented the case for this medicine to be added to the formulary.

Decision : Dr Oomen was requested to to write to the Royal Brompton Hospital to find out their criteria for recommending use of Dornase (and also hypertonic saline). MTC would reconsider in the light of this information. **TJ**

d) **Promixin**

TJ presented this application on behalf of Dr Oomen. The I-Neb has aftercare customer service at no extra cost, 12-15 patients in total would benefit from using the i-neb. Committee raised a query about the cost comparison and therefore the implications of using Promixin vs Colistin. TJ advised that savings would be made by reduced admissions if the i-Neb is used due to better compliance. **TJ**

Decision: Agreed on pilot for 6 months, audit data to be collected by TJ and feedback to committee after 9mths to demonstrate whether patients have had better compliance and fewer infections and hospitalisations.

e) **Colecalciferol**

PR not in attendance so review has been postponed. Committee noted that there are several sets of guidance within paediatrics and rheumatology for the management of vitamin D deficiency so have asked for a common guideline to be presented at the next meeting. FK to write and request this. **SD**

f) **Azopt** g) **Ganfort,** h) **Lumigan** i) **Saflutan**

SD noted that since 1992 sections of the eye formulary had not been updated. Committee would like a table from SD to look at a comparison between 1st line drugs and 2nd line agents. This should be sent to FK or NF and then circulated to primary care

Decision: Applications and flow chart for place in therapy to be sent to primary care prior to decision being made. **SD**

SD

j) **Opatanol**

SD presented this application. Opatanol is a twice a day treatment during hayfever season.

Decision: HC said that she will have to send the application to GPs to discuss this as its addition to the formulary would impact on GPs costings. May have to be restricted for specialist use only. Will bring back to MTC in September.

7. PBR excluded medicines applications

a) Botox Anal Fissure

R'OH & AS were not in attendance. Committee were happy to add to Formulary as set out in the application (following laxatives, Glyceryl trinitrate and diltiazem).

Decision: Agreed

AM

b) Botox MaxFax

AM was not in attendance. Committee raised concerns about the clinical effects of not treating and the scale of benefit.

Decision: Not agreed. VJ to speak to AM. AM to come to September meeting to explain to committee queries that had been raised.

8. Antimicrobial Stewardship Group

a) Minutes May

Committee have raised concern about the amount of mistakes in minutes. LR to explain at next meeting. NF to speak to LR about ward rounds. **LR**

b) Annual report

Contents noted.

9. Guidelines in development

Paediatrics Antibiotics Policy

Committee overall found it very difficult to follow and raised concerns especially on

- Page 7 (plus others) – Azithromycin is not on formulary
- Page 12 – Streptomycin has no dose in the BNF. If it is to be included in the policy, dosage should also be included.
- Page 16 – Benzathine Benzylpenicillin has no dose in the BNF. If it is to be included in the policy, dosage should also be included. **NF/FK/PR**

Action: NF to speak to Paediatric Pharmacist to speak to Prem Roy to reformat so policy is more easily followed. Also to address above issues.

10. NICE guidance

a) **TA219** – Everolimus for the second-line treatment of advanced renal cell carcinoma.

1 Everolimus is **not recommended** for the second-line treatment of advanced renal cell carcinoma.

2 People currently receiving everolimus for the second-line treatment of advanced renal cell carcinoma should have the option to continue treatment until they and their clinician consider it appropriate to stop.

b) **TA220** – Golimumab for the treatment of psoriatic arthritis

1 Golimumab is recommended **as an option** for the treatment of active and progressive psoriatic arthritis in adults only if: it is used as described for other tumour necrosis factor (TNF) inhibitor treatments in 'Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis' (NICE technology appraisal guidance 199), **and** the manufacturer provides the 100mg dose of golimumab at the same cost as the 50 mg dose.

2 When using the Psoriatic Arthritis Response Criteria (PsARC; as set out in NICE technology appraisal guidance 199), healthcare professionals should

take into account any physical, sensory or learning disabilities, or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate.

c) **TA221** – Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura

1 Romiplostim **is recommended** for the treatment of adults with chronic immune (idiopathic) thrombocytopenia purpura:

- whose condition is refractory to standard active treatments and rescue therapies **or**
- who have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies **and**
- if the manufacturer makes romiplostim available with the discount agreed as part of the patient access scheme.

2 Only a haematologist should start and supervise treatment with romiplostim.

d) **TA222** – Trabectedin for the treatment of relapsed ovarian cancer

1.1Trabectedin in combination with pegylated liposomal doxorubicin hydrochloride (PLDH) is **not recommended** for the treatment of women with relapsed platinum-sensitive ovarian cancer.

1.2 Women with relapsed platinum-sensitive ovarian cancer currently receiving trabectedin plus PLDH should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

e) **TA223** – Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease

1 Naftidrofuryl oxalate **is recommended** as an option for the treatment of intermittent claudication in people with peripheral arterial disease for whom vasodilator therapy is considered appropriate after taking into account other treatment options. Treatment with naftidrofuryl oxalate should be started with the least costly licensed preparation.

2 Cilostazol, pentoxifylline and inositol nicotinate are **not recommended** for the treatment of intermittent claudication in people with peripheral arterial disease.

3 People currently receiving cilostazol, pentoxifylline and inositol nicotinate should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

e) **TA225** - Golimumab for the treatment of rheumatoid arthritis after the failure of previous disease-modifying anti-rheumatic drugs

1 Golimumab in combination with methotrexate is **recommended as an option** for the treatment of rheumatoid arthritis in adults whose rheumatoid arthritis has responded inadequately to conventional disease-modifying anti-rheumatic drugs (DMARDs) only, including methotrexate, if:

- it is used as described for other tumour necrosis factor (TNF) inhibitor treatments in 'Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis' (NICE technology appraisal guidance 130)1, **and**
- the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose, agreed as part of the patient access scheme.

2 Golimumab in combination with methotrexate is recommended as an option for the treatment of rheumatoid arthritis in adults whose rheumatoid arthritis has responded inadequately to other DMARDs, including a TNF inhibitor, if:
- it is used as described for other TNF inhibitor treatments in 'Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor' (NICE technology appraisal guidance 195)1, **and**
- the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose, agreed as part of the patient access scheme.

3 When using the disease activity score (DAS28), healthcare professionals should take into account any physical, sensory or learning disabilities, communication difficulties, or disease characteristics that could adversely affect patient assessment and make any adjustments they consider appropriate.

f) **TA226 –** Rituximab for the first-line maintenance treatment of follicular non-Hodgkin's lymphoma

1 Rituximab maintenance therapy **is recommended as an option** for the treatment of people with follicular non-Hodgkin's lymphoma that has responded to first-line induction therapy with rituximab in combination with chemotherapy.

11. Guidelines in development

Milton Keynes Denosumab SCP **HC/GPs**
(for TA201 approved at M&TC Nov 2010)
This will be taken to Primary Care before a decision can be made..

12. Feedback from PCT prescribing group
None to feedback M&TC meeting was a day before the next prescribing group meeting. To update at next meeting. **JC**

13. Hospital ePACT data **NF**
FP10's March, April (*comparison table attached with minutes*) were noted.

14. Any other business
None to report.

15. Confirmation of Dates for 2011
The date of the next meeting was confirmed as
Tuesday 20th September2011, Eaglestone Function Room, Time 1.00pm.

M&T Committee Meeting Schedule for 2011

Month	Venue	Day	Time
September	Eaglestone Function Room	20-Sep	13:00 - 14:00
November	Facilities Drawing Room	15-Nov	13:00 - 14:00