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 20th September 2011
At 1p.m. in Eaglestone Function Room

PRESENT:
(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fdn. Trust	MK NHS PCT
Busola Ade-Ojo (BAO)	Janet Corbett (JC)
Folake Kufeji (FK)	Helen Chadwick (HC)
	Sheila Begley (SB)
	Nigel Fagan (NF)

Others in attendance: Martin Wetherill (MW), Arun Majumdar (AM), Yogi Thakker (YT), Matthew Ellswood (ME), Carol Jellicoe representing Dr Chambers, Chinwe Osuchukwu (CO) Prem Roy (PR)

1. Welcome, apologies for absence and introductions
VJ welcomed MW, CO to the committee.
Apologies received from Niall Ferguson (NF), Ahmed Nasiri (AN), Wendy Rowlands (WR), Essam Hassan (EH),

2. Declaration of conflicts of interest
None to report.

3. Minutes of last meeting
The minutes were agreed as an accurate reflection of the meeting

4. Matters arising from previous minutes
Item 4 e-formulary data still being populated. Hospital Trust okay with the completed chapters being launched in phases when Primary Care would like all chapters to be completed before launch. To be launched once data population complete. **HC**

Section 4 item 8 Neutropenic Policy – VJ said that there was an outside Consultant who had a meeting with all the Haemotologist Consultants he wanted to know where it is so far, as there were one or two disagreements, BAO confirmed that it has moved forward now and will have to wait for a reply back from Dr White. **BAO**

Action: Final copy of Neutropenic Policy to be brought back to next M&TC. **FK**

Page 2 (6a) GM did not attend last meeting and meeting today VJ has postponed to next meeting.

3. (e) Colecalciferol – FK reported that the Paediatric team are having a meeting today. PR had joined meeting but will be brought to next meeting
(f) VJ has asked has the flowchart been seen by the PCT? JC has spoken to Dr **FK**

Dhanoa and it has been added to formulary.
(j) Opatanol – JC has taken to Prescribing Group and it was felt that is would be useful to be added as an addition to second line treatment.

5. Drug formulary

New medicine applications:

a) **Mexiletine**

VJ said that Dr Hilton-Jones has submitted the application (*as per attached application*).

Decision: Committee did NOT APPROVE due to non-attendance for any comments raised by the committee. MW mentioned that 80% of Dr Hilton-Jones is spent in Oxford so it is very difficult for him to attend. VJ said that unfortunately the rules state that if a person is unable to present his policy it will not be considered by the Committee, and this applies to everyone overall who does not attend. Postponed for next meeting FK to write to Dr Hilton-Jones. **HJ**

BAO said that it would be something that we review if the person who sends in the application is not present at the meeting, the committee should still be in the position to look at that drug and clinically appraise it. VJ said that the rules apply so if the person does not attend it will be postponed. MW raised concerns that we can not have a situation and it needs to be sorted out as its causing tremendous amount of problems within the Trust. VJ will stick to the rules.

b) **Episenta**

CO briefed with regards to Episenta being considered to be added to the formulary (*as per attached application*).

JC said that it was cost effective however, BAO said that it should not be just for children only it should also be added for adult use.

Decision: APPROVED, to be added to formulary for adults and children.

c) **Spectinomycin**

(as per attached papers sent) PW briefed on papers submitted. FK said it is unlicensed in the UK we would have to obtain this drug from other EU countries but currently looking at a long lead time of up to 6 months. Committee agreed that due to long lead time one pack should be kept in stock.
Decision: APPROVED, to order 1 pack.

d) **Moviprep**

RM not in attendance, postponed to next meeting.
MW asked what percentage of people who submit applications do not attend.
FK said that it has been very rare that consultants do not attend or do not send a representative. **RM**

e) **Sweet Ease**

PR mentioned that it is a food supplement, BAO said the only reason why it has come to the Committee was due to the cost. *(as per attached papers sent).*
Decision: APPROVED.

f) **Oxycodone IV**
(as per attached papers sent) CJ briefed with regards to the application.
Decision: APPROVED to be used just for recovery patients only.

j) **Xeoplion**
(as per attached papers sent) ME briefed with regards to his application and costing.
Decision: APPROVED. ME to report back in 6 months.

6. PBR excluded medicines applications

a) Botox MaxFax

AM briefed with regards to application sent to committee in July 2011. (*as per attached application sent out in July*). AM mentioned out of 30 patients the results had been audited. There is an out-patient clinic every 3 months since 2004. **AM**

Decision: Not agreed. JC was not clear and had questions which were raised with Anna Dental Health Specialist who is speaking with MaxFax Specialists. BAO said that it is something that has been looked at. AM said that October is the next clinic. VJ said why is it important to await the input from the Dental Health Specialist . BAO asked the question how many patients are expected for the clinic in October, AM said about 30 patients.

BAO/JC to discuss outside meeting as patient is coming in October and do not want to wait for Clinic. BAO to feedback to AM/VJ. **BAO/JC**

MW said that the evidence that is being presented he can not see what is the argument is about if the consultant who has submitted the application is present it all does not stake up so if the Committee is not going to look at the evidence. JC said that Anna is a Dental Registrar, MW said that does she have the ability to comment on MaxFaxcial surgery, it is difficult to understand how she is going to give her opinion on this. BAO said that we seek everyones opinion before we decide on an application being approved.

7. Guidelines in development

a) Unlicensed Medicines Policy

FK has updated to 4.3 included NMC and Appendix 1, condensed into 2 pages. **FK**

Action: HC commented on point 5, Page 5 "Nurse/Pharmacist Independent prescribers can prescribe unlicensed medicines and can also prescribe "off-label" within their area of expertise and competence. Nurse/Pharmacist Supplementary prescribers are only allowed to prescribe unlicensed medicines under a clinical management plan" Medical Prescribing. FK to update. BAO mentioned once updated needs to be taken to document committee for approval.

b) Updated Audit Antibiotics Policy (For Information Only)

LR mentioned that this policy is now on the intranet and has been circulated.

8. NICE guidance

a) **TA227** - Erlotinib monotherapy for maintenance treatment of non-small-cell lung cancer.

1 Erlotinib monotherapy is not recommended for maintenance treatment in people with locally advanced or metastatic non-small-cell lung cancer who have stable disease after platinum-based first-line chemotherapy.
2 People currently receiving erlotinib monotherapy for maintenance treatment of locally advanced or metastatic non-small-cell lung cancer who have stable disease after platinum-based first-line chemotherapy should have the option to continue treatment until they and their clinician consider it appropriate to stop.

b) **TA228** - Bortezomib and thalidomide for the first-line treatment of multiple myeloma
1 Thalidomide in combination with an alkylating agent and a corticosteroid is recommended as an option for the first-line treatment of multiple myeloma in people for whom high-dose chemotherapy with stem cell transplantation is considered inappropriate.
2 Bortezomib in combination with an alkylating agent and a corticosteroid is recommended as an option for the first-line treatment of multiple myeloma if:
• high-dose chemotherapy with stem cell transplantation is considered inappropriate **and**
• the person is unable to tolerate or has contraindications to thalidomide.

c) **TA229** - Dexamethasone intravitreal implant for the treatment of macular oedema secondary to retinal vein occlusion
1 Dexamethasone intravitreal implant is recommended as an option for the treatment of macular oedema following central retinal vein occlusion.
2 Dexamethasone intravitreal implant is recommended as an option for the treatment of macular oedema following branch retinal vein occlusion when:
• treatment with laser photocoagulation has not been beneficial, **or**
• treatment with laser photocoagulation is not considered suitable because of the extent of macular haemorrhage.
3 People currently receiving dexamethasone intravitreal implant for the treatment of macular oedema secondary to branch retinal vein occlusion who do not meet the criteria specified in 2 above should have the option to continue treatment until they and their clinicians

d) **TA230** - Bivalirudin for the treatment of ST-segment-elevation myocardial infarction
1 Bivalirudin in combination with aspirin and clopidogrel is recommended for the treatment of adults with ST-segment-elevation myocardial infarction undergoing primary percutaneous coronary intervention.

e) **TA231** - Agomelatine for the treatment of major depressive episodes (terminated appraisal)

f) **TA232** - Retigabine for the adjunctive treatment of partial onset seizures in epilepsy
1 Retigabine is recommended as an option for the adjunctive treatment of partial onset seizures with or without secondary generalisation in adults aged 18 years and older with epilepsy, only when previous treatment with carbamazepine, clobazam, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, sodium valproate and topiramate has not provided an adequate response, or has not been tolerated.

g) **TA233** – Golimumab for the treatment of ankylosing spondylitis
1 Golimumab is recommended as an option for the treatment of severe, active ankylosing spondylitis in adults only if:
• it is used as described for adalimumab and etanercept in 'Adalimumab, etanercept and infliximab for ankylosing spondylitis' (**NICE technology appraisal guidance 143**)1 **and**
• the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose in accordance with the patient access scheme.
2 People currently receiving golimumab for the treatment of severe, active ankylosing spondylitis who do not fulfil the criteria for treatment with adalimumab and etanercept

described in NICE technology appraisal guidance 143 should have the option to continue golimumab until they and their clinician consider it appropriate to stop.

h) **TA234** - Abatacept for the treatment of rheumatoid arthritis after the failure of conventional disease-modifying anti-rheumatic drugs
1 Abatacept in combination with methotrexate is not recommended for the treatment of moderate to severe active rheumatoid arthritis in adults whose disease has responded inadequately to one or more conventional non-biological diseasemodifying anti-rheumatic drugs (DMARDs) including methotrexate.
2 People currently receiving abatacept in combination with methotrexate for the treatment of moderate to severe active rheumatoid arthritis, whose disease has responded inadequately to one or more conventional non-biological DMARDs including methotrexate, should have the option to continue treatment until they, and their clinicians, consider it appropriate to stop.

9. Feedback from PCT prescribing group

JC had a meeting on the 7th September 2011 as to which interface issues was raised. JC to update at next meeting.

10. Hospital ePACT data

FP10's data is not available until end of September, will be brought to November meeting.

11. Any other business

BAO mentioned about MW point raised earlier that this is a big problem, as to when a person is not present to support their application the workload gets pushed back. VJ suggested that maybe the Committee should meet monthly instead of every second month. MW said that there are problem on both sides and there needs to be a way forward.

Action: VJ to send an email. MW said that it should include attendance so that nothing gets postponed. **VJ**

MW was impressed on how much gets dealt with within an hour but there are still some concerns which need addressing. JC said the Committee could consider but if the consultant is not present to address the questions from the committee it then gets postponed. FK agreed that it would be helpful to have the consultants or a representative to support the applications MW agreed. VJ said that NF who is not present at this meeting was putting together a new Draft of the Terms of Reference as to which should be available by end of year. NF to update on progress. **NF**

12. Confirmation of Dates for 2011

The date of the next meeting was confirmed as
Tuesday, 15th November, Facility Drawing Room, Time 1.00pm.

M&T Committee Meeting Schedule for 2011

Month	Venue	Day	Time
November	Facilities Drawing Room	15-Nov	13:00 - 14:00