MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE

Minutes of the meeting held on Tuesday 21st February 2012
At 1p.m. in MKCHS Boardroom

PRESENT:
(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fdn. Trust	NHS MK	MK CHS
Niall Ferguson (NFer)	Helen Chadwick (HC)	Sheila Begley (SB)
Folake Kufeji (FK)	Dr Sarah Whiteman (SW)	Dr Essam Hassan (EH)
	Nigel Fagan (NF)	

Others in attendance: Dr Richard Butterworth (RB), Dr Mark Draper (MD), Dr David Hilton-Jones (DH-J), Dr Dush Mital (DM), Dr George MacFaul (GMacF),

1. Welcome, apologies for absence and introductions
Apologies were received from Janet Corbett, Lakshmi Ragunathan, Busola Ade Ojo
Introductions were made

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

A) SCPC Policy 46 - Intravitreal Bevacizumab (Avastin) in Wet Age Related Macular Oedema.
FK had written to Mr Bates to advise him of the SCPC policy. VJ advised that he had received communication from Mr Bates that he will not be following the SCPC policy.
HC advised that this should be brought to the contract review meeting. **HC**

B) SCPC Policy 47a – Treatments for erectile dysfunction.
FK had written to the urologists to advise them of the SCPC policy. VJ advised that he had received communication from the Urologists that they will not be following the SCPC policy.
HC advised that this should be brought to the contract review meeting. **HC**

C) NICE TA236 – Ticagrelor for the treatment of acute coronary syndromes.
FK had written to the cardiologists to ask that they clarify place in therapy of ticagrelor as a treatment option for acute coronary

syndromes. VJ advised that he had received communication from the cardiologists that they would use it in line with NICE. The committee requested that they also advise of its proposed place in therapy. **VJ**

5. South Central Priorities Committee Decisions

None

6. Drug formulary

Formulary Additions

a) Oxford HIV Guidelines Nov 2011

These were noted and the e-formulary will be updated to reflect the current guidelines. **FK**

New medicine applications:

a) **Avonex**
b) **Betaferon**
c) **Copaxone**
d) **Rebif**

These 4 applications were considered together. RB outlined the risk sharing scheme which has been in place. As part of this MK has sent its patients to Oxford. Oxford now only does patients from Oxfordshire, MK & Swindon. Other centres such as Reading, Wycombe & Northampton all now have these done locally in house. MK also now has sufficient expertise within the locality to repatriate these patients. As far as prescribing is concerned this would be cost neutral. However, the decision to repatriate is an ongoing discussion with the commissioners. RB requested that these 4 medicines be added to the formulary for such time that the service is repatriated, he may then prescribe.

Decision: All APPROVED for addition to the formulary, but will not be available for prescribing until there is agreement with the commissioners that the service may be repatriated. **FK**

e) **Mexiletine**

DH-J outlined the long standing use of mexiletine for myotonia. It was discontinued in the UK about 5 years ago and therefore is currently only available as an unlicensed preparation in the UK through IDIS. This supply has now ceased and IDIS are trying to identify another source. FK highlighted that the costs as currently stated would have to be reviewed in light of any changes based on the new product obtained by IDIS. Alternative therapies are carbamazepine or phenytoin but these are not as effective. DH-J advised that there would only be around 3-4 patients needing this per annum and all prescribing would be done within the hospital, GPs would not be asked to prescribe.

Decision: APPROVED for prescription by hospital consultant neurologist only AND subject to any revised costs as a result of IDIS importing from a different country. **FK**

f) **Sandocal 1000**
MD outlined that this application was in line with the protocol for the treatment of hypocalcaemia post thyroidectomy. It is for short term use only, with all patients followed up in Out-patients at 6 weeks.

FK

Decision: APPROVED for the short term treatment of hypocalcaemia post thyroidectomy.

g) **Forceval**
GMacF presented this application in line with NICE guidance. FK explained that post application discussions had changed the request from Forceval to SANATOGEN A-Z COMPLETE as this represented a more cost effective option. Dieticians would guide the duration of therapy.

FK

Decision: Forceval withdrawn and Sanatogen A-Z Complete APPROVED for addition to the formulary.

h) **Entecavir**
i) **Tenofovir**
GMacF presented these 2 applications together for chronic hepatitis B disease. The applications were in line with NICE guidance. VJ questioned why both were needed when Tenofovir was the favoured option and the cheaper option. GMacF advised that both drugs have good resistance and safety profile, though this is based on 5 years data. They also have an increased rate of patients sero-converting although some patients will only have viral suppression. Some patients would have pre-selected resistance therefore both agents are needed. Tenofovir would be used first line and entecavir would be used in cases of treatment failure or pre-selected resistance to tenofovir.

NF requested that if these drugs were to be prescribed by GPs, as they would be prescribed so infrequently in primary care that a shared care protocol be put together to facilitate safe prescribing

HC to send GMacF a shared care protocol template. GMacF to write shared care protocol with DM and sent to HC for discussion at next Prescribing Group — **GMacF/DM/ HC**

Decision: Both agents APPROVED for addition to the formulary. Tenofivir first line and entecavir second line in cases of treatment failure or pre-selected resistance to tenofovir. Both subject to the provision of a Shared Care protocol. — **FK**

j) **Fluticasone furoate (Avamys)**

MD presented this paper requesting Avamys for use in allergic rhinitis. HC asked if all prescriptions for Flixonase could be switched to Avamys. MD advised they couldn't as some were for long term use eg in perennial rhinitis and Avamys was not licensed for this. HC advised that Beclometasone must remain first line in all patients due to the high cost of other preparations.
HC noted that over the years Flixonase had been recommended frequently despite its non-formulary status which has resulted in high usage of this non-formulary drug. MD noted that mometasone was not as effective as Flixonase.
HC suggested that mometasone be removed from the formulary, Avamys be added for allergic rhinitis and Flixonase for use where it was required longer term.
This was agreed and it was agreed that patients using Flixonase for allergic rhinitis can be switched to Avamys.

Decision: Both Avamys and Flixonase were APPROVED for addition to the formulary as second line agents subject to Beclometasone remaining first line and always tried prior to an alternative steroid. Avamys for allergic rhinitis and Flixonase for perennial rhinitis. Mometasone to be REMOVED from formulary. Stock currently held in pharmacy to be run down and not replaced. **FK**

k) **Eviplera**

DM presented this application adding that it would be a beneficial addition as it was one pill a day, would save approximately £100 per month, patients would not have to take it at night, as it can be taken at any time of the day as long as it is taken with a 500 calorie meal.

HC raised that it was not on the Oxford guidelines and they would be considering it in May. Previously it had been agreed that we would follow Oxford guidelines as the funding was shared across the old TV region. DM claimed this wasn't appropriate due to the demographics of MK. He cited the new BHIVA guidelines as including the drug. FK advised that these were still at draft stage.
One of the ingredients in the combination is not on the formulary and would be coming to the April meeting.

It was agreed to bring this application with the ratified national guidelines to the March meeting. Single drug application for rilpivirine to be considered at the April meeting.

Decision: NOT APPROVED. Decision deferred to next meeting.

l) **Plasmalyte**

VJ presented this application. The product is similar to Hartmann's but with no calcium content.

NFer noted that the cost of IV fluids is likely to increase by significantly over the next 2 years by the introduction of a national contract. The

company have agreed to price match to Hartmann's and replace all current stocks of Hartmann's free of charge.

NF suggested guidelines should be provided to Junior doctors about how to prescribe.

SB raised concerns regarding whether the price match was long term. This would need to be clarified.

Decision: APPROVED subject to acquisition cost matching Hartmann's. **FK**

m) **Gelaspan 4%**
VJ presented this application. The product would replace Gelofusine as it is a balanced solution as recommended in national guidelines.

Decision: APPROVED for addition to formulary. **FK**

7. PBR excluded medicines applications

a) Iloprost
b) Botox Ophthalmology

Neither applicant was present at the meeting. HC agreed to discuss with Janet Corbett and the Priorities administration for a way forward. **HC**

8. NICE guidance

a) **TA237** – Ranibizumab for the treatment of diabetic macular oedema
b) TA238 – Tocilizumab for the treatment of systemic juvenile idiopathic arthritis
c) TA244 – Roflumilast for the management of severe chronic obstructive pulmonary disease
d) TA245 – Apixaban for the prevention of venous thromboembolism after total hip or knee replacement in adults.

These were not discussed and are therefore deferred to the next meeting

9. Hospital ePACT data

The reduction in expenditure over the last one year was noted.

10. Guidelines in Development

Azathioprine Shared Care Guidelines

HC presented these guidelines on behalf of Tracy Shaul, Colorectal Advanced Nurse Practitioner. HC welcomed their introduction and acknowledge the work which had gone into them.

HC advised that PCT Prescribing Group had feedback on the guidelines and some changes had been made to the version circulated. These were:

1. Inclusion in the checklist that pregnancy had been discussed with women of childbearing age
2. Remove reference to GI/oral ulcers as a side effect.

HC also noted that there was a problem in that the recommended blood requirements were different to those required by rheumatology. This will cause confusion with GPs and possible errors. The Gastroenterology

guidelines reflected the current SPC. The committee agreed to raise this with rheumatology.

Decision: The guidelines and Patient information booklet were ratified. **FK/VJ**

11. eFormulary Update

FK and HC were pleased to report that the e-Formulary project was now complete and the e-Formulary was launched on Monday 20th February. It is now a live website that can be accessed by all in both primary and secondary care at formularymk.nhs.uk All present were given a copy of the user guide and pen with the details of the website. VJ noted the effort that had gone into this and apologised for his absence at the launch due to other commitments.

12. Terms of Reference

These were noted, however there were some gaps in membership were identified – NHSMK Medical Director and MKCHS Pharmacist. Antimicrobial stewardship committee should also be referred to as the Antimicrobial stewardship group.

VJ noted that he had been unable to find representation from medicine and paediatrics. Ms Debbie Phillips would be representing surgery.

NFer to circulate final version to all members of committee before next meeting for adoption. **NFer**

13. Any other business

None

14. Confirmation of Date of next meeting

The date of the next meeting was confirmed as
Tuesday, 20th March 2012, Facilities Library, Time 1.00pm.