

**MILTON KEYNES NHS TRUSTS
MEDICINES AND THERAPEUTICS COMMITTEE**

**Minutes of the meeting held on Tuesday 20th March 2012
At 1pm. in the Facilities Drawing Room**

PRESENT:

(Chair)
Dr V Jeevanathan (VJ)

| MKH NHS Fdⁿ Trust | NHS MK | MK CHS |
|-------------------------------------|---------------------|----------------------|
| Niall Ferguson (NFer) | Helen Chadwick (HC) | Dr Essam Hassan (EH) |
| Folake Kufeji (FK) | Janet Corbett (JC) | |
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Other attendance: Kimberley Jenkins (KJ) for Ajikummar Kavidasan (AK)

1. **Welcome, apologies for absence and introductions**
Apologies were received from Sheila Begley (SB), Nigel Fagan (NF), Lakshmi Rangunathan (LR), Sarah Whiteman (SW), Packiam Shenbagaraman (PS) VJ
2. **Declaration of conflicts of interest**
None to report. All
3. **Minutes of last meeting**
The minutes were agreed as an accurate reflection of the meeting. VJ
4. **Matters arising from previous minutes**
 - a) **Eviplera – BHIVA guidelines**
DM was not in attendance. FK fed back that BHIVA Guidelines are still in the draft form. Therefore, Eviplera will be considered at the April meeting along side Rilpivirine. DM
 - b) **PBR excluded medicine applications – Iloprost & Botox (Ophthalmology)**
Iloprost: JC reported that this has been approved in line with the application.
Botox (Ophthalmology): JC reported that this application will need to be reviewed through the priorities committee before the decision can be made. JC
5. **South Central Priorities Committee Decisions**
JC informed the committee that no decisions had been adopted at the PCT or cluster level due to restructuring.
6. **Drug Formulary**

New medicine applications

a) Osmohale (Application & Evaluation) AK

KJ presented the application on behalf of AK. There has been difficulty with the diagnosis of asthma which has led to the overuse of drugs. Osmohale is the only challenged test licensed by the MHRA. Other options are histamine and methcholine, they are both dangerous and expensive. Only be used for adult patients and will be administered on ward 14. NFER asked what would be done if the test showed the patient was not asthmatic. KJ clarified that only the respiratory consultant will read the test results and decide on the management plan. VJ asked that if the number of patients tested annually exceeded 30 as stated on the application for Osmohale this should be fed back to the committee.

Decision: APPROVED as a challenge test for diagnosis of asthma only. **FK**

b) Tacrolimus (Adoport) (Application & NICE TA 85) PS

c) Mycophenolate Mofetil (Application & NICE TA 85) PS

These applications were considered together. FK presented on behalf of PS. Both drugs are currently indicated for Immunosuppressive therapy for renal transplantation in adults (NICE TA 85). These are currently used by the Oxford renal unit based on the hospital campus. They need to be added to the local formulary to ensure that the patients receive their medications promptly.

Decision: NICE TA 85 adopted. Therefore the following were APPROVED for addition to the formulary in line with NICE guidance: Tacrolimus (Adoport & Modigraf), Mycophenolate mofetil (Generic & oral solution), Sirolimus (Tablets & Oral solution).

7. PBR excluded medicines applications

None

8. NICE guidance

- a. **TA237** - Ranibizumab for the treatment of diabetic macular oedema
Ranibizumab is not recommended for the treatment of visual impairment due to diabetic macular oedema. Not Recommended.
- b. **TA238** - Tocilizumab for the treatment of systemic juvenile idiopathic arthritis
Tocilizumab is recommended for the treatment of systemic juvenile idiopathic arthritis in children and young people aged 2 years and older whose disease has responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs), systemic corticosteroids and methotrexate if the manufacturer makes tocilizumab available with the discount agreed as part of the patient access scheme.
Tocilizumab is not recommended for the treatment of systemic juvenile idiopathic arthritis in children and young people aged 2 years and older whose disease continues to respond to methotrexate or who have not been treated with methotrexate.
- c. **TA244** - Roflumilast for the management of severe chronic obstructive pulmonary disease
Recommended for use in the context of research as part of a clinical trial only.
- d. **TA245** – Apixaban for the prevention of venous thromboembolism after total

hip or knee replacement in adults. For consultation with surgeons. Will make decision at April meeting.

9. Hospital ePACT data

Data from FP10's - £51 for January and all for Eye Clinic.

10. Guidelines in Development

None

11. Terms of Reference

NF

NF stated that a final version had not been circulated for adoption as the previous document sent to committee members needed the highlighted comments to be addressed first.

Clarification was needed on the meeting timings and frequency. The prospect of the meetings taking place in the evenings was explored but Tuesday afternoon was still felt to be the most suitable time. With regards to the frequency, monthly meetings would only be feasible long-term with adequate secretarial and professional pharmaceutical support which is not currently available. The committee agreed that this would need to be reviewed and as applicants had already been informed that the next meeting would take place in April, this would be held as stated. There will be no meeting in May. The next meeting after will be in June and frequency after this will be clarified at the April meeting.

Medical representation on the committee was still proving difficult, but this is especially essential to allow robust decisions to be made. The committee felt that despite several attempts by the chair to co-opt medical members, the committee decisions would have to be accepted by the trust.

11. Any other business

All

(minor points, not notified as agenda items)

HC informed the committee that she will be leaving her current role at the end of March, to take up a new role as the Chief Pharmacist at Milton Keynes Community Health Services. The committee wished her all the very best in her new role. But also noted that she will continue as a member of the committee.

12. Confirmation of Date of next meeting

The date of the next meeting was confirmed as

Tuesday, 17th April 2012, Eaglestone Restaurant Function Room, Time 1.00pm.