

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

**Minutes of the meeting held on Tuesday 18th September 2012
At 1pm. in the Eaglestone Restaurant Function Room**

PRESENT:

(Chair)
Dr V Jeevanathan (VJ)

MKH NHS Fdⁿ Trust	NHS MK	MK CHS
Busola Ade-Ojo (BAO)	Janet Corbett (JC)	Helen Chadwick (HC)
Folake Kufeji (FK)	Dr Sarah Whiteman (SW)	Essam Hassan (EH)
Anil Hemandas (AH) for Debbie Phillips (DP)	Sheila Begley (SB)	
Lakshmi Ragunathan (LR)	Nigel Fagan (NF)	
Prem Roy (PR)		

Others in attendance: Nicki Collins (NC), Natalie McLennan-Murray (NMCL), Premila Thampi (PT)

1. Welcome, apologies for absence and introductions

Members of the committee introduced themselves for the benefit of two observers – Nicki Collins (Advanced nurse practitioner) and Natalie McLennan-Murray (Neighbourhood Pharmacist - North). **VJ**

NC, NMCL and AH were welcomed to the meeting.

Apologies were received from Debbie Phillips (DP).

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

Tenofovir & Entecavir Shared Care Guidelines

George MacFaul & FK had worked on producing these shared care guidelines;

The committee agreed the guidelines with the following changes;

1. Indication for Therapy: Format following text to BOLD - "first line" in the Tenofovir SCG and "second line" in the Entecavir SCG.

2. Aspects of care for which the GP is responsible: There was concern that the statement "prompt referral back to consultant" would result in hospital referrals. Rephrase this to "should seek further advice from the consultant"

3. Aspects of care for which the GP is responsible: Change eGFR to Creatinine clearance.

4. Preganancy and Lactation section for Entecavir only: Change brand name Baraclude[®] to generic entecavir.

FK to send JC updated document for consideration at next Prescribing Group meeting for ratification for use in primary care. **FK/JC**

5. ~~Priorities Committee Decisions~~

6. **Drug Formulary**

New medicine applications

a) Propess (Dinoprostone)

PT presented the case to add Propess to the formulary. Propess uses a different delivery system for the administration of dinoprostone, the same drug currently used for induction in other forms (ie vaginal gel and vaginal tablets). It will help to avoid the need for pre-induction monitoring and monitoring during induction. This is because it is given as a single dose with one-off monitoring in 24 hours. SB stated concerns about a reduction in patient monitoring, however PT clarified that fetal monitoring would continue as normal. It would also result in cost savings of up to approximately £25,000 per year as there would be a decreased need to use two doses of the vaginal gel or tablets, which is often the case in about 50% of patients. Propess would only be used in a selective group of patients and not all cases. The application was also discussed at the O&G CIG and was fully supported.

Decision: Approved. Audit report back to committee in 3 months to check on progress.

PT

7. ~~PBR excluded medicines applications~~

8. **Antimicrobial Stewardship Group**

a) LR presented the annual report. HC produces a similar report for primary care and suggested LR sends report to the joint trusts Infection Prevention and Control Committee.

HC & JC will let LR know the next meeting date.

HC, JC, LR

9. **NICE guidance**

Innovation Health & Wealth

a) Innovation Health & Wealth – JC explained that this document states that there will be a requirement for all NICE technology appraisal recommendations are incorporated automatically into relevant local NHS formularies in a planned way that supports safe and appropriate clinical practice. It also requires local NHS formularies to be published by 1 April 2013. JC also pointed out that nothing will be changing for Milton Keynes as we already meet their guidelines.

FK noted that the MK formulary process for NICE approved drugs was agreed in November 2007, and is to be updated.

FK

b) TA254 – FK reported consultant neurologists are aware of the NICE guidelines for Fingolimod. Currently no MK patients are receiving this therapy and any potential patients will be referred to the regional MS service in Oxford for treatment commencement and follow up etc. Fingolimod will not be started de novo in MK in the foreseeable future but will be given as necessary via OUH following the NICE guidelines.

c) TA263 – Committee to note that Bevacizumab is not a recommended treatment.

10. Guidelines in Development

a) Shared Care Guideline for Dabigatran-Rivaroxaban.

The committee agreed local guidance for use across the health economy pending the guidelines from the cardiac network.

- Warfarin remains first line oral anticoagulant
- A new oral anticoagulant agent will be available for use in line with NICE guidance for patients with a CHA₂DS₂-VASc score of 3 or more who are;
 - Intolerant to warfarin
 - Low time in therapeutic range/unstable INRs

JC will feedback to M&TC when guideline from cardiac network agreed.
M&TC decision to be disseminated to cardiologists and prescribing group.

JC/FK

b) Vitamin D deficiency in Children (normal Renal Function), management in children.

Guideline had been reviewed. PR stated that there were no changes to drug choice. The only change is the 'when' for patients who fall into the 'deficiency' group. The decision to initiate colecalciferol in this group has been left to the discretion of the clinician as this would depend on the patients risk factors and also the time of the year when the blood levels are taken.

JC noted that in section 3.1 under the role of the paediatrician, it should be clear that prescribing of colecalciferol would take place in secondary care.
PR to make necessary changes to guideline.

PR

11. Any other business

NC commented that it was an interesting and informative meeting.
VJ asked SW to chair October meeting as he would be unavailable.
Apologies for next meeting from VJ and PR.

12. Confirmation of Date of next meeting

The date of the next meeting was confirmed as
Tuesday 16th October 2012, Facilities Library, Time 1.00pm.
Dr Sarah Whiteman to chair.