Milton Keynes Prescribing Advisory Group (MKPAG)
JOINT NHS TRUSTS'

Notes of the meeting held on Wednesday 28th September 2016
At 12:45pm in the Training Room, IT Suite MKUHFT
Chair: Helen Chadwick – Clinical Director of Pharmacy, MKUHFT

Name	Job Title	Attendance
***Members who have submitted their annual Declaration of Interest form**		
MKPAG secretariat		
Dupe Fagbenro (DF)*	Principal Pharmacist, MKPAG lead	**Present**
MKCCG		
Janet Corbett (JC)*	Head of Prescribing and Medicines Management, Chief Pharmacist	**Present**
Dr. Nigel Fagan (NF)*	GP and MK GP Prescribing Group representative	**Present**
Natalie McLennan-Murray (NMc)*	Pharmacist	**Present**
Nikki Woodhall (NW)*	Senior Medicines Management Technician	**Present**
MKUHFT - Pharmacy		
Helen Chadwick (HC)*	Clinical Director of Pharmacy and Chair MKPAG (Chair)	**Present**
Jill McDonald (JMcD)*	Deputy Chief Pharmacist – Clinical Services	**Present**
Olatokunbo Ogunbanjo (TO)*	Deputy Chief Pharmacist – Cancer and Aseptics	**Absent**
Nick Beason (NB)*	Chief Technician	**Present**
Zainab Alani (ZA)*	Principal Pharmacist, Medicines Information	**Present**
MKUHFT		
Ian Reckless (IR)	Medical Director	**Apologies**
Kian Chin (KC)	Deputy Medical Director	**Apologies**
Ourania Kakisi (OK)*	Consultant Microbiologist	**Present**
Dr. Jonathan Ellis (JE)	Clinical Director, Medicine	*See nominated representative (QN) below*
Dr. Vimal Desai (VD)	Clinical Director, Accident and Emergency	**Apologies**
Dr. Edmond Neale (EN)*	Clinical Director, Women's health	*See nominated representative (MP) below*
Dr. Indranil Misra (IM)	Clinical Director, Children's services	*See nominated representative (MA) below*
Dr. Moez Dungarwalla (MD)	Clinical Director, Cancer services	**Absent**
Mr. Bimal Kumar (BK)*	Consultant Ophthalmologist	**Absent**
Dr. Hamid Manji (HM)	Clinical Director, Anaesthetics	*See nominated representative (SA) below*
Mr. Simon Ray-Chaudri (SR)	Clinical Director, Theatres	*See nominated representative (SA) below*
Mr. Julian Flynn (JF)	Musculoskeletal Consultant	**Absent**
Mr. Richard O'Hara (RO)	Clinical Director, General Surgery	*See nominated representative (BHH) below*
Carol Jellicoe (CJ)*	Advanced Nurse Practitioner	**Apologies**
Vicky Maarman (VM)*	Respiratory Specialist Nurse	**Absent**
Hani Patel (HP)	Finance Contract Representative	**Apologies**
Kate Power (KPo)	Clinical Governance Representative	**Absent**
CNWL-MK		
Kikilomo Pinheiro (KPi)	Advanced Pharmacist, Mental Health, CNWL- MK	*See nominated representative (SC) below*

Dr. Nazar Mansour (NMa)*	Consultant Psychiatrist, Mental Health	**Absent**
Nominated Representatives		
Dr. Sarah Aturia (SA)*	Consultant, Anesthetist (Representing - Theatre & Anesthetics)	**Present**
Salma Chaudhry (SC)*	Antibiotic Pharmacist, CNWL-MK	**Present**
Dr. Mya Aye (MA)*	Consultant Paediatrician	**Present**
Babalola Hakeem-Habeeb (BH)*	Principal Pharmacist, Surgery	**Present**
Quynh-anh Nguyen (QN)	Principal Pharmacist, Medicines	**Apologies**
Maryam Pezeshki (MP)	Consultant, Obs & Gynae	**Present**

Presenting Clinical and / or Shared Care Guidelines

Dupe Fagbenro (DF)	Principal Pharmacist, MKUH	Clinical Guideline for treatment of vitamin D deficiency
Natalie McLennan-Murray (NMc)	Pharmacist, CCG	Treatment guidelines for infected eczema

Presenting applications for addition or extension of use on the formulary

Dr M Raza (MR)	Consultant Infectious Diseases	Application for Tedizolid Tablets and Injection
Claire Woodward (CW)	Consultant Sexual Health	Application for Genyoya® Tablets (HIV use)
Jill McDonald (JM)	Deputy Chief Pharmacist – Clinical Services	Application for Primocitrate 18/0 for regional citrate anticoagulation and Prims0cal B22 dialysis solution
Maryam Pezeshki (MP)	Consultant, Obs & Gynae	Application for amendment to joint formulary Ulipristal (Esmya®)
Nikki Woodhall (NW)*	Senior Medicines Management Technician	Application for amendment to the joint formulary for Symbicort® MDI inhaler

Presenting audits

None	

Observer

None	

List of Abbreviations

SCG – shared care guideline	NOACs – Novel Oral AntiCoagulants	PCA – Patient –controlled analgesia

Note takers: Michelle McCarthy, Pharmacy Office Manager
Dupe Fagbenro, Principal Pharmacist – MKPAG / Interface / Formulary Services Lead

The minutes should be read in conjunction with the enclosures (new medicine applications, independent evaluations and references) circulated as pre-reading for the meeting

		ACTION
1.	**Welcome, apologies and introductions**	
	1.1 The Chair opened the meeting and welcomed members. Members of the group introduced themselves. **1.2** Apologies were noted as above	Chair
2.	**Declaration of potential conflict of interest**	
	2.1 The Chair reminded everyone about the annual Declaration of Interest (DoI) form and requested if anyone needs to complete the form. She requested if any further declarations need to be made. **2.2** There were no potential conflicts noted in relation to any of the items on the agenda for this meeting of MKPAG	Chair / DF
3.	**Acknowledgement of declaration of any other business**	
	3.1 None noted	
4.	**Notes of previous meeting – July 2016**	
	Action 7.4.10 - …….. Amber 2 to be changed to ……. Amber 3. The minutes were ratified and approved.	DF
5.	**Matters arising from previous meeting**	
5.1	Refer to MKPAG action log for updates	DF
6.	**Ratification of Prescribing Guidelines / Leaflets / Policies**	
6.1	Clinical guideline for treatment of vitamin D deficiency **6.1.1** DF presented the updated Clinical guideline for the treatment of vitamin D. Slight amendments had been made to the clinical guideline in view of new strengths of InVita oral solution being available. **6.1.2** At the time of writing the initial guideline, there was one strength of InVita oral solution available – 25,000 i.u. per ml. We now have three strengths of InVita oral solution available in the UK (25,000 i.u. per ml, 50,000 i.u. per ml and 2,400 i.u. per ml) and all strengths have been added to the formulary and the clinical guideline has been amended accordingly. Members agreed to the amendments made. **Action:** No further action	DF
6.2	Treatment guidelines for infected eczema – updated September 2016 **6.2.1** NM presented the updated Clinical guideline for treating infected eczema. There were no clinical changes. **6.2.2** The guideline, which is primarily for community use, has been seen by Dermatologists in the community. The chair requested that the updated guideline be circulated to the hospital dermatology specialists for noting. The guideline was approved by the group. **Action:** **6.2.1** Send guideline to Dr S George, Consultant Dermatologist at MKUH for comments	NM

7	**Applications to add medicines / devices to the formulary**	
7.1	Formulary Application: **Tedizolid Tablets and Injection** for Hospital Use only **7.1.1** The Chair invited MR to present the application for the addition of Tedizolid to the formulary. MR requested that the group consider the addition of Tedizolid (Sivextro®) to the formulary as an option for restricted use within MKUHFT for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused by gram-positive Staphylococcus aureus (specifically methicillin-resistant isolates) as an alternative oxazolidinione antibacterial. **7.1.2** Linezolid remains our first choice. MR confirmed that Tedizolid will only be used when Linezolid is contraindicated and treatment will only be initiated on advice from local microbiologists or specialists in infectious diseases. **7.1.3** MR explained that Tedizolid offers several potential advantages over current ABSSSI treatment option. - **First**, tedizolid has a prolonged half-life, which allows for once-daily dosing. - **Second**, tedizolid has broad spectrum activity against Gram-positive organisms including methicillin-resistant *Staphylococcus aureus*, coagulase-negative staphylococci, and enterococci. - **Third**, tedizolid, available in both intravenous and oral formulations, has high oral bioavailability, allowing for easy oral step-down therapy. - **Fourth**, in patients who have been prescribed selective serotonin reuptake inhibitors or monoamine oxidase inhibitors, tedizolid may have fewer drug interactions than linezolid. - **Finally**, tedizolid may have fewer or comparatively delayed onset side effects than linezolid, including thrombocytopenia and nausea.	MR
	7.1.4 It was noted that the NHS list price is £143.67 per 200mg tablet / intravenous (IV) daily dose, equivalent to £862.00 (£1034.40 inc. VAT) for a once-daily six-day course of treatment per patient. There is a cost impact and this has been raised and approved by the Core Clinical Services Finance Business Partner. The group was concerned that this cost impact is actually going to affect other divisions and not Core Clinical Services and therefore requested that the Finance Business Partners for Medicines and Surgery be notified. **7.1.5** Members noted that the potential number of patients stated in the application is 10. This figure seems very low. An audit report was therefore requested to come to the May 2017 MKPAG meeting **Action:**	
	7.1.6 The Finance Business Partners for Medicine and Surgery to be notified of addition of Tedizolid to the formulary. Notification is to include cost impact.	DF/MR
	7.1.7 Tedizolid tablets and injection were approved for addition to the formulary after action 7.1.6 above	DF
	7.1.8. An audit report on the use of Tedizolid is to come to the May 2017 MKPAG meeting	MR
7.2	Formulary Application: **Genvoya® Tablets** for HIV use **7.2.1** The Chair invited CW to present the application for the addition of Genvoya® Tablets to the formulary for use in HIV patients. CW explained that Genvoya® is a quadruple combination drug for HIV and is to be used only in	

	line with the commissioning policy with NHS England. Genvoya® ▼ tablet contains 150mg elvitegravir, 150mg cobicistat, 200mg emtricitabine and 10mg tenofovir alafenamide, for the treatment of HIV-1 infection. **7.2.2** The new combination tablet delivers the same antiviral effect as Stribild® tablets (elvitegravir 150mg/cobicistat 150mg/emtricitabine 200mg/tenofovir disoproxil 245mg) but at a lower dose of tenofovir, resulting in reduced drug concentrations in the bloodstream. Studies showed regimens containing tenofovir alafenamide were associated with improvements in laboratory markers of renal and bone safety compared with regimens containing tenofovir disoproxil fumarate **7.2.3** Providing the criteria set out in the application are complied with there will be no cost to the local health system. It was approved for hospital prescribing only. **Action:** **7.2.4** Genvoya® tablets to be added to the formulary for use in line with the commissioning policy set out by NHS England. MKUHFT Homecare/HIV Pharmacist (MA-J) to ensure use remains wholly consistent with NHS England criteria. Every patient is to be discussed at MDT meetings.	DF
7.3	Formulary Application: **Prismocitrate and Prism0cal** on behalf of Department of Critical Care **7.3.1** JMcD presented the applications for Prismocitrate and Prism0cal to be added to the formulary on behalf of Department of Critical Care. **7.3.2** Members were being asked to consider the addition of the two new haemofiltration fluids Prism0cal B22 as a dialysis solution and Prismocitrate 18/0 as an anticoagulation solution to the formulary. This is to support the change from heparin based anticoagulation to citrate based anticoagulation during continuous renal replacement therapy. **7.3.3** Further details are available from the application. The fluids are for hospital prescribing only. **Action:** **7.3.4** Both fluids were approved for addition to the formulary **7.3.5** A hemofiltration section to be created on the formulary website	JMcD DF DF
7.4	Formulary Application: **Uliprstal (Esmya®)** application amendment for extended usage **7.4.1** MP was invited to present the application for the extended use of Uliprstal (Esmya®). Ulipristal is currently on the formulary for pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. **7.4.2** Ulipristal has recently been licensed for intermittent treatment (up to 4 courses) of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. MP requested members to consider the extended licensed use of Ulipristal and we align our practices accordingly. **7.4.3** MP confirmed that the intention is for patients to be seen once a year and GPs will continue to prescribe and monitor in primary care.	MP / DF /JC

	7.4.4 There was a lengthy discussion around the need for clear starting and stopping criteria and guidelines on how to monitor patients safely throughout Ulipristal therapy. The GP representative raised a number of concerns and confirmed that there are too many risks involved in the intermittent use of Ulipristal. **7.4.5** It was agreed that a shared care guideline is required where primary care, secondary care and patient responsibilities should be clearly outlined. **Action:** **7.4.6** Develop a shared care guideline for consideration at the November meeting	MP supported by DF
7.5	Formulary Application: **Symbicort® MDI inhaler** **7.5.1** The Chair invited NW to present the application for Symbicort® MDI inhaler. NW explained that Symbicort (budesonide/formoterol) is now available as a pressurised metered dose inhaler (pMDI)* device with a license for the management of COPD patients. **7.5.2** Symbicort® MDI inhaler would be an additional device to the Turbohaler that is currently on the formulary. NB confirmed that there is no cost implication for secondary care **Action**: 7.5.3 Symbicort® MDI inhaler was approved for addition to the formulary	NW NW
8.	**Amendments made to the formulary from 25th November to date** *The following additions and deletions reflect recommendations from past meetings*	
8.1	The additions, deletion and updates to the formulary were noted. **8.1.1** DF informed members that a number of the deletions were as a result of a meeting held with the Dermatology team whilst updating Chapter 13 of the BNF.	DF
8.2	**NICE Compliance Checklist** DF confirmed that the NICE compliance checklist has been updated up to TA397. We are on target.	DF
9.	**Published NICE Technology Appraisals (TA)** ***[Innovation, Health & Wealth – compliance with 90 day statutory requirement]***	
9.1	**NICE TA398:** Lumacaftor–ivacaftor (Orkambi®) 200 mg/125 mg film-coated tablets **Indication:** Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation **Disease category:** Respiratory system, Mucolytics **Commissioning responsibility:** NHSE **PbR excluded:** Yes **Action:** **9.1.1** No action. Not recommended	
9.2	**NICE TA399:** Azacitidine (Vidaza®) 25 mg/mL powder for suspension for injection **Indication:** Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts **Disease category:** Malignant disease	

	Commissioning responsibility: NHSE **PbR excluded:** Yes **Action:** **9.2.1** No action. Not recommended	
9.3	**NICE TA400:** Nivolumab (OPDIVO®) 10 mg/mL concentrate for solution for infusion. **Indication:** Nivolumab in combination with ipilimumab for treating advanced melanoma **Disease category:** Skin and connective tissue cancers **Commissioning responsibility:** NHSE **PbR excluded:** Yes **Implementation by:** 27th October 2016 **Action:** **9.3.1** Add Nivolumab injection and the NICE link to the formulary	DF
9.4	**NICE TA401:** Bosutinib (Bosulif®) 100mg, 500mg Tablets **Indication:** Bosutinib for previously treated chronic myeloid leukaemia **Disease category:** Malignant disease **Commissioning responsibility:** NHSE **PbR excluded:** Yes **Implementation by:** 24th Nov 2016 **Action:** **9.4.1** Approved for addition to the formulary and to be used in line with NICE guidance and commissioning statements	DF
9.5	**NICE TA402:** Pemetrexed (Alimta®) 100mg, 500mg powder for concentrate for solution for infusion **Indication:** Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin **Disease category:** Malignant disease **Commissioning responsibility:** NHSE **PbR excluded:** Yes **Implementation by:** 24th Nov 2016 **Action:** **9.5.1** Approved for addition to the formulary and to be used in line with NICE guidance and commissioning statements	DF
9.6	**NICE TA403:** Ramucirumab (Cyramza®) 10mg/mL concentrate for solution for infusion **Indication:** Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer **Disease category:** Malignant disease **Commissioning responsibility:** NHSE **Action:** **9.6.1** No action. Not recommended	
9.7	**NICE TA404:** Degarelix (Firmagon®) 80mg, 120mg powder and solvent for solution for injection **Indication:** Degarelix for treating advanced hormone-dependent prostate cancer **Disease category:** Malignant disease **Commissioning responsibility:** CCG	

	PbR excluded: Yes **Implementation by:** 24th Nov 2016 **Comments:** Degarelix is recommended as an option for treating advanced hormone dependent prostate cancer in people with spinal metastases. No significant cost impact is anticipated because degarelix is a further treatment option and a small number of people may receive this treatment. **Action:** **9.7.1** Approved for addition to the formulary and to be used in line with NICE guidance and commissioning statements **9.7.2** Develop a compliance form	DF TO
9.8	**NICE TA405:** Trifluridine–tipiracil (Lonsurf®) 15mg/6.14mg, 20mg/8.19mg film-coated tablets **Indication:** Trifluridine–tipiracil for previously treated metastatic colorectal cancer **Disease category:** Malignant disease **Commissioning responsibility:** NHSE **PbR excluded:** Yes **Implementation by:** 24th Nov 2016 **Action:** **9.8.1** Approved for addition to the formulary and to be used in line with NICE guidance and commissioning statements	DF
10.	**Safety Issues** **(Drug Safety Updates are noted for information only. All organisation's within the MK health economy are to ensure this information is circulated to the appropriate clinicians and local implementation is actioned appropriately)**	
10.1	**Drug Safety Update: July 2016 -** Noted for reference only **Drug Safety Update: August 2016 -** Noted for reference only	DF
11.	**Audit & follow up of previous recommendations**	
11.1	**Aripiprazole and Paliperidone LAI report** **Action:** The CCG will liaise directly with CNWL-MK .	JC/ KP
12.	**Chair's action for information & oversight**	
12.1	**IV Caffeine** for low pressure headaches. The Hospital Consultant Neurologists requested to use IV Caffeine for low pressure headaches as a last resort in a small cohort of patients. HC informed members that IV Caffeine was already on the formulary and that an internal requisition has been completed and approved. It is for consultant neurologist prescribing only. **Action** No further action required	HC
13.	**Feedback from other groups**	
13.1	**Antimicrobial Stewardship Group / Antibiotic issues** **13.1.1** This is an alternative empirical guidance appended to the Trust's empirical guidance on the management of infections in adults. It is for internal (Hospital) use during the high incidence of C. diff and all clinicians were informed a while back to use the appended alternative	

	guidance by the consultant microbiologist. **13.1.2** JC requested the microbiologists to confirm which empirical guidance is currently being used because the information is needed for the CCG to complete their investigations into C. diff cases. Both parties liaised.	
14.	**Any other business**	
14.1	The formulary team is reviewing our local recommendations on the use of NOACs with the intention of including Edoxoban. Further details will be brought to the November meeting.	HC / DF
14.2	**Oxycodone and Fentanyl** Patient-Controlled Analgesia (PCA) A request was submitted to MKPAG secretariat for addition of oxycodone and fentanyl PCAs to the formulary for secondary care use only. MKPAG secretariat had a number of questions which have been answered and a PCA policy is currently in development. Members agreed that since this is a hospital only request, this agenda item be transferred to the Prescribing and Medicines Governance Committee (PMGC) for follow-up. **Action** PMGC to take over reviewing the application and policy documents. MKPAG to be informed of the final decision in order for the formulary to be updated accordingly.	DF
14.3	**Summary Care Records (SCR)** **14.3.1** JC informed the group of a concern regarding the a revision to SystmOne which is used by GPs which has resulted in e medicines prescribed as acute prescriptions or those listed as being prescribed by the hospital being deleted after 12 months. JC would like to raise this as a risk because patient data will be wiped from the system and something may get missed at the point of medicines reconciliation or prescribing. **14.3.2** JC asked if she would have the support of this group to raise her concern. The group was in full agreement to support JC's concerns	JC
15.	**Future Agenda Items**	
15.1	Formulary application for Temocillin Injection - By W Maroof – Antimicrobial Pharmacists	Antimicrobials
16.	**Date of next meeting: Wednesday 30th November 2016. 12.45pm to 2pm.** Venue: **Meeting Room, IT Department** Agenda items including applications for new drugs to be submitted by Monday **31st October 2016** Hard copy of papers will no longer be supplied All members and corresponding members will receive papers by email for printing within their departments	

MKPAG Meeting Schedule for 2017			
Month	**Venue**	**Meeting date**	**Deadline for submission of agenda items**
February	Training Room, IT Suite	**1st February 2017**	**1st January 2017**
March	Training Room, IT Suite	**22nd March 2017**	**22nd February 2017**
May	Training Room, IT Suite	**24th May 2017**	**24th April 2017**
July	Training Room, IT Suite	**26th July 2017**	**26th June 2017**
September	Training Room, IT Suite	**27th September 2017**	**27th August 2017**
November	Training Room, IT Suite	**22nd November 2017**	**22nd October 2017**