Milton Keynes Prescribing Advisory Group (MKPAG)
JOINT NHS TRUSTS'
Notes of the meeting held on Wednesday 22nd March 2017
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)*	North Neighbourhood Pharmacist	**Absent**
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	**Apologies**
Nick Beason (NB)*	Chief Technician	**Apologies**
Zainab Alani (ZA)*	Principal Pharmacist, Medicines Information	**Apologies**
MKUHFT		
Dr. Ian Reckless (IR)	Medical Director	*Nominated Deputy Medical Director KC*
Dr. Kian Chin (KC)	Deputy Medical Director	**Apologies**
Dr Rosemarie Daly (RD	Consultant Microbiologist	**Present**
Dr. Jonathan Ellis (JE)	Clinical Director, Medicine	*See nominated representative (QN) below*
Dr R Ajuwon (RA) / Shindo Francis (SF)	Clinical Director, Accident and Emergency	**Absent**
Dr. Edmond Neale (EN)*	Clinical Director, Women's health	**Absent**
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, Anesthetics	*See nominated representative (ET) below*
Mr. Simon Ray-Chaudri (SR)	Clinical Director, Theatres	*See nominated representative (ET) 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	**Present**
Hani Patel (HP)	Finance Contract Representative	**Present**
Kate Power (KP)	Clinical Governance Representative	**Apologies**
CNWL-MK		
Fahreen Hasham (FH)	Lead Pharmacist, Mental Health, CNWL- MK	**Present**
Post Vacant	Consultant Psychiatrist, Mental Health	**-**
Nominated Representatives		
Dr. Eleanor Tyagi (ET)	Consultant, Anesthetist (Representing - Theatre & Anaesthetics)	**Apologies**
Babalola Hakeem-Habeeb (BHH)*	Principal Pharmacist, Surgery	**Apologies**
Abraham Oommen (AO)	Consultant Paediatrician	**Present**
Mya Aye (MA)	Consultant Paediatrician	**Present**
Karen Hillman (KH)	Dermatology Specialist Nurse (Camouflage Practitioner)	**Present**

Presenting audits

Observer

Caroline Payne	Children's CCG Nurse	**Present**

List of Abbreviations

SCG – shared care guideline	PIL – patient information leaflet	TLS – Traffic Light Status
COPD - Chronic obstructive pulmonary disease	FeNO fractional exhaled nitric oxide	

Note takers: Annie Bolton, Pharmacy Secretary, MKUH
Dupe Fagbenro, Professional Secretary MKPAG / Principal Pharmacist - Interface /Formulary Services

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 indicated 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 **2.3** JC asked for confirmation of review date of the current DoI declarations	Chair DF/MM
3.	**Acknowledgement of declaration of any other business**	
	3.1 None noted	
4.	**Notes of previous meeting – February 2017**	
	The minutes were ratified and approved with the following amendments:-	
4.1	<u>Page 3</u> Section 6.1.5 reads: NW informed the group that there is a plan to set up a CCG Diagnostic Hub for patients requiring further tests including FeNO. Amend as follows: Section 6.1.5: NW informed the group that options are being investigated to set up a CCG Diagnostic Hub for patients requiring further tests including FeNO.	DF
4.2	<u>Page 5&6</u> Relvar Ellipta - Make amendments as follows: Section 7.3.2 Two strengths are available with the following indications: • 92 microgram / 22 microgram per inhalation - For Asthma and COPD • 184 microgram / 22 microgram per inhalation - For Asthma	DF

4.3	Both have a Traffic Light Status of Amber 2 Page 6 Atropine 1% Eye drops – To add TLS: Amber 1 for eye use and Minims® Atropine 1% Eye drops – To be added to the formulary with TLS: Amber 3 for patients with Parkinson's Disease. Only the Minims® should be used for this indication	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	The Chair invited NW to present the following documents which had been circulated to members prior for comments. Guideline on the Management of Asthma in Adults & Diagnostic Algorithm **Action** **6.1.1** No further amendment required; to be uploaded to the formulary	NW
6.2	Prescribing Guidelines for the Management of Chronic Asthma in Adults >18 years **Action** **6.2.1** No further amendment required; to be uploaded to the formulary	NW
6.3	Table 1: Categorisation of inhaled corticosteroids (ICS) by dose – adults **Action** **6.3.1** No further amendment required; to be uploaded to the formulary	NW
6.4	Prescribing Guidelines for the Management of Chronic Asthma in Children <18 years NW presented the guidelines to the group. There was a long conversation between the CCG and the Hospital Trust specialists and a number of recommendations were made which were all noted by the CCG. **Action** Document was agreed in principle. NW to incorporate feedback received into final document. MKPAG will require a fully signed-off document before it can be uploaded to the formulary.	NW
6.5	Table 2: Categorisation of inhaled corticosteroids (ICS) by dose – children **Action** **6.5.1** No further amendment required; to be uploaded to the formulary	NW
6.6	Self-management of COPD flare-up We currently have a 'self-management of worsening symptoms of COPD' - Flare-up pack being used within MK Healthcare. The CCG raised a concern about how the Flare-up packs are managed in the community. It has been noted that the packs are being prescribed on repeat prescriptions in the community. The use of these packs were originally set-up to be driven by the hospital, identifying suitable high risk patients for the flare-up packs and given a pack in hospital and for the GP to	

	continue them as appropriate. The Chair requested that the CCG informs GPs about the correct use of rescue packs. GPs should continue therapy initiated in or recommended by the respiratory team or hospital specialists. The flare-up pack document is to remain on the formulary. **Action** **6.6.1** No further amendment is required on the document **6.6.2** CCG to inform GPs about the correct use of rescue packs. GPs should continue therapy initiated in or recommended by the respiratory team or hospital specialists	NW/JC
6.7	Bronchiectasis Leaflet **Action** **6.7.1** PIL to be uploaded to the formulary after addition of owner information, review dates etc. it also needs to go to the CCG Prescribing Group	NW/JC (Ruth Thomas)
6.8	MK Traffic Light Status (TLS) designations **6.8.1** Our new formulary TLSs are as follows: ○ **Green**: Routine prescribing within licensed indication ○ **Amber 1**: specialist recommendation followed by GP initiation and continuation ○ **Amber 2**: specialist or GP initiation in line with local guideline after 1st line failure followed by GP continuation ○ **Amber 3**: specialist initiation and stabilisation followed by GP continuation ○ **Amber SCG**: specialist initiation and stabilisation followed by GP continuation in line with an agreed shared care guideline ○ **Red**: Hospital or specialist prescribing only JC suggested the addition of a new status: "**Double Red**". This status will be for medicines which have been evaluated and rejected by MKPAG or new drugs yet to be evaluated but felt to have high cost implications or little clinical value. They are not recommended and should not be prescribed. The drugs will be listed in the appropriate BNF sections but are not recommended for use because of lack of evidence of clinical effectiveness, cost effectiveness or safety.	NW/DF
	Applications to add medicines / devices to the formulary	
7.1	Formulary application for Budenofalk Rectal Foam to be added to the formulary The Chair invited JC to present the application **7.1.1** The group was informed that Prednisolone 20mg/application foam enema has significantly increased in price from £68 to £187.00 for a '14 dose' canister. This is estimated to be a significant cost pressure of approximately £130K per annum for 500 scripts within MK Health community. JC informed the group that the gastro team and other stakeholders have been consulted and she would like the group to consider the addition of Budenofalk rectal foam to the formulary to be used instead of Predfoam rectal foam when clinically appropriate. This message will only apply to new patients. JC also mentioned that it would be helpful to know if the gastroenterologists would support switching current patients to Budenofalk rectal foam and for them to share any advice about how to do this safely.	

	Action **7.1.2** Add Budenofalk rectal foam canister to the Formulary – Formulary TLS: Green **7.1.3** Inform CCG prescribers and create a message on optimiseRx **7.1.4** Inform Hospital Trust prescribers	 DF JC/NW DF
7.2	Application for Colecalciferol Vitamin D3 (Desunin® 800iu and InVita® D3 800iu) to be added to the formulary The Chair invited JC to present the application **7.2.1** JC informed the group that InVita D3 800iu capsules has recently been added to the market and is currently the most cost effective Vitamin D3 800iu product. Its addition to the formulary would help continuity of brand from high dose InVita D3 products. The request was to substitute Fultium D3 800iu capsules with InVita D3 capsules and to add Desunin 800iu tablets as the formulary option that does not contain gelatin and is therefore suitable for vegans and vegetarians. In summary • InVita D3 800iu £2.50 for 28 capsules – Add to formulary for continuity of brand and most cost effective • Desunin 800iu £3.60 for 30 tablets – Add to formulary for patients unable to take capsules due to gelatin (vegans, vegetarians) (company confirms that gelatin is halal and kosher certified) • Fultium D3 800iu £3.60 for 30 capsules – Remove from formulary as InVita D3 is now available and more cost effective **Action** **7.2.2** Add InVita D3 800iu capsules to the Formulary – Formulary TLS: Green **7.2.3** Add Desunin 800iu tablets to the Formulary – Formulary TLS: Green **7.2.4**. Remove Fultium D3 800iu from the formulary **7.2.5** Amend guidance accordingly and upload to the formulary	 DF DF DF JC
8.	**Amendments made to the formulary from 1st February 2017 to date** *The following additions and deletions reflect recommendations from past meetings*	
8.1	The additions, deletion and updates to the formulary were noted. NICE adherence checklist is up-to-date up to NICE TA428. **8.1.1** The Chair requested members to note that Chapter 13 of the joint formulary has now been fully updated.	 DF
9.	**Published NICE Technology Appraisals (TA)** ***[Innovation, Health & Wealth – compliance with 90 day statutory requirement]***	
9.1	**NICE TA429:** Ibrutinib (Imbruvica®) Capsules 140mg **Indication:** Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation **Disease category:** Malignant Disease **Commissioning responsibility:** NHS England **PbR excluded:** Yes **Implementation by:** 25 March 2017 **9.1.1** Ibrutinib alone is recommended within its marketing authorisation as an option for treating chronic lymphocytic leukaemia in adults	

	Action: **9.1.2** Add to Formulary in line with NICE Guidance and commissioning statement. (Formulary TLS: Red)	DF
9.2	**NICE TA430:** Sofosbuvir–velpatasvir (Epclusa®) Tablets f/c 400mg/100mg **Indication:** Sofosbuvir–velpatasvir for treating chronic hepatitis C **Disease category:** Infections **Commissioning responsibility:** NHS England **PbR excluded:** Yes **Implementation by:** 25 March 2017 **9.2.1** Sofosbuvir–velpatasvir is recommended as an option for treating chronic hepatitis C in adults, only if the company provides the drug with the discount agreed in the simple discount agreement. **Action:** **9.2.2** Add to Formulary in line with NICE Guidance and commissioning statement. (Formulary TLS: Red)	DF
9.3	**NICE TA431:** Mepolizumab (Nucala®) 100mg powder for solution for injection **Indication:** Mepolizumab for treating severe refractory eosinophilic asthma **Disease category:** Respiratory system **Commissioning responsibility:** NHS England **PbR excluded:** Yes **Implementation by:** 25 March 2017 **9.3.1** Mepolizumab, as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults within set criteria. **Action:** **9.3.2** Add to Formulary in line with NICE Guidance and commissioning statement. (Formulary TLS: Red)	DF
9.4	**NICE TA432:** Everolimus (Afinitor) Tablets 2.5mg, 5mg, 10mg **Indication:** Renal cell carcinoma **Disease category:** Malignant Disease **Commissioning responsibility:** NHS England **PbR excluded:** Yes **Implementation by:** 22 April 2017 **9.4.1** Everolimus is recommended within its marketing authorisation as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy, only if the company provides it with the discount agreed in the patient access scheme. **Action:** **9.4.2** Add to Formulary in line with NICE Guidance and commissioning statement. (Formulary TLS: Red)	DF
9.5	**NICE TA433:** Apremilast (Otezla) Tablets f/c 10mg, 20mg, 30mg **Indication:** Active psoriatic arthritis in adults **Disease category:** Musculoskeletal and joint disease **Commissioning responsibility:** CCG **PbR excluded:** No **Implementation by:** 22 April 2017	

	9.5.1 Apremilast, alone or in combination with disease-modifying antirheumatic drugs (DMARDs), is recommended as an option for treating active psoriatic arthritis in adults **9.5.2** JC requested further clarification on the commissioning responsibility to understand its options and suggested developing a Blue Teq compliance form. **Action:** **9.5.3** CCG to develop criteria for use and send to MKPAG secretariat for information. **9.5.4** Add to Formulary in line with NICE Guidance and commissioning statement **and** CCG criteria for use. (Formulary TLS: Amber)	JC/NW DF
10.	**Safety Issues** **(Drug Safety Updates are noted for information only. All organisations 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: February 2017 -** Noted for reference only	DF
11.	**Audit & follow up of previous recommendations**	
11.1	**None**	
12.	**Chair's action for information & oversight**	
12.1	Sanatogen A-Z (a vitamin and mineral replacement) is temporarily unavailable. We have decided that Forceval (a vitamin and mineral replacement) should be prescribed instead – but only on the recommendation of Gastro team or the dietitians. The formulary has been updated accordingly. Vitamin BPC (a vitamin replacement) is readily available where indicated and has no prescribing restrictions although as with all vitamin preparations, patients should be encouraged to purchase these over the counter.	HC
13.	**Feedback from other groups**	
13.1	**13.1.1** The Chair invited RD to update the group on antimicrobial stewardship issues. RD informed the group that changes are being made to the treatment guidelines due to the shortage of Piperacillin / Tazobactam. There will therefore be an increase in the use of Co-amoxiclav because it is being used 1st line for many indications. The situation is currently being monitored closely and the microbiologists are working with the sepsis team to harmonise activities. The Chair reiterated that proposal for any amendment to the joint formulary should go through the Formulary application process for consideration. **13.1.3** Antimicrobial Stewardship Group (AMSG) minutes were reviewed and the outstanding action was to add a glossary of abbreviations used to the minutes. **Action** **13.1.4** WM to ensure glossary of abbreviations is included in the minutes	WM/RD
14.	**Any other business**	
14.1	Skin disfiguration The Chair invited KH to inform the group of the new service **14.1.1** KH explained that she is a Dermatology Specialist Nurse and a qualified Camouflage Practitioner trained to identify and camouflage varying degree of skin disfiguration like scarring, vitiligo, birth marks, and pigmentation. She does this by finding the best colour match specialist	

	products (cream and / or powder) for each person's skin tone and then teaches them how to self-apply the specialist cover products. The intention is for these products to be recommended by the camouflage practitioners for GPs to prescribe. **14.1.2** JC wasn't sure if this service has been commissioned by the CCG. The CCG has not been formally notified and this sort of service has low priority. **14.1.3** The Chair asked the finance business partner – HP – to kindly find out the commissioning status of this service on behalf of MKPAG and for a full formulary application process to follow for all the products needed. **Action** Find out if the Trust is commissioned to provide a camouflage service and inform MKPAG secretariat (dupe.fagbenro@mkuh.nhs.uk) In the meantime these products will be designated as double red.	KH DF/JC
15.	**Future Agenda Items**	
15.1	Levetiracetam SCG Update. **15.1.1** HC would like this put on hold and the review date extended until September 2017 due to staffing issues within hospital pharmacy.	DF
15.2	Denosumab SCG – Update **15.2.1** HC would like this put on hold and review date extended until September 2017 due to staffing issues within hospital pharmacy. **15.2.2** JC expressed the urgency for this shared care guideline to be updated because of the supply route of Denosumab for Primary Care. Practices can get it directly from Movianto which is the preferred route to avoid the current inflated prices.	DF
16.	**Date of next meeting: Wednesday 24th May 2017 12.45pm to 2pm.** Venue: **Meeting Room, IT Department** Agenda items including applications for new drugs to be submitted by Monday 24th April 2017 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
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**