Milton Keynes Clinical Commissioning Group

Central and North West London NHS
NHS Foundation Trust
Milton Keynes Community Health Services

NHS
Milton Keynes University Hospital
NHS Foundation Trust

Milton Keynes Prescribing Advisory Group (MKPAG)
JOINT NHS TRUSTS'
Notes of the meeting held on Wednesday 23rd January 2019
Chair: Helen Chadwick, Clinical Director, Pharmacy, MKUH

Name	Job Title	Attendance
***Members who have submitted their annual Declaration of Interest form Attendance to meeting was reviewed under Terms of Reference**		
MKPAG Professional Secretary		
Dupe Fagbenro (DF)*	Principal Pharmacist, MKPAG, Interface & Formulary Service 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
Nikki Woodhall (NW)*	Senior Medicines Management Technician	Present
x	Finance/ Contract Representative	x
x	Formulary Service Representative	**x**
MKUHFT - Pharmacy		
Helen Chadwick (HC)*	Clinical Director of Pharmacy and Chair MKPAG	Present
Jill McDonald (JMcD)*	Deputy Chief Pharmacist – Clinical Services	Present
Zainab Alani (ZA)	Governance and Medicine Safety Pharmacist	Present
MKUHFT		
Dr. Ian Reckless (IR)	Medical Director	Present
Dr Andrew Cooney (AC)	Deputy Medical Director	Apologies
x	Consultant Microbiologist	**x**
Carol Jellicoe (CJ)*	Advanced Nurse Practitioner	Apologies
Hani Patel (HP)	Finance Contract Representative	Apologies
Kate Power (KPo)	Clinical Governance Representative	Absent
Dr. Mya Aye (MA)	Medicines Optimisation Lead, Paediatrics Consultant Pediatrician	Apologies
Dr. Dushyant Mital (DM)	Medicines Optimisation Lead, Medicine Consultant, Sexual Health Medicine	Present till 12.40pm
Dr Sriram Naithilath (SN)	Medicines Optimisation Lead, Surgery Consultant, Anesthetist	Apologies
Dr. Premila Thampi (PT)	Medicines Optimisation Lead, Women Consultant, Obstetrics & Gynecologist	Apologies
CNWL-MK		
Fahreen Hasham (FH)	Lead Pharmacist, Mental Health, CNWL - MK	Present from 12.20pm
Post Vacant	Consultant Psychiatrist, Mental Health	**x**
Nominated Representatives for agenda items		
Dr. S Banerjee	Consultant Rheumatologist	Present 12-12.20pm
Dr. Louis Choo	Junior Doctor	Present 12-12.20pm
Rebecca Hinch	Diabetes Specialist Nurse	Present 12.40-12.55pm
Invited Representatives		

Note takers: Michelle McCarthy, PA / Pharmacy Office Manager
Professional secretary: Dupe Fagbenro, Principal Pharmacist MKPAG, Formulary, Interface.
Administrator: Sheila Wood, Pharmacy Administrator, MKPAG

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 and presenters introduced themselves.	Chair
2.	**Declaration of potential conflict of interest**	
2.1	No potential conflict of interests were declared	Chair
3.	**Acknowledgement of declaration of any other business not on the agenda**	
3.1	None declared	Chair
4.	**Notes of previous meeting – 28th November 2018**	
4.1	**4.1.1** The minutes were noted, approved and ratified with the following amendments: Section 6.5.4 wording incomplete - it should read: Deferred to future MKPAG agenda item. **Action** **4.1.2** Ratified minutes to be amended and uploaded to the formulary	D Fagbenro
5.	**Matters arising from previous meeting**	
5.1	**MKPAG Action log** **5.1.1** Refer to Enclosure 19.00 (the MKPAG Action Log) - updated after each meeting.	Chair
6.	**Ratification of Prescribing Guidelines / Leaflets / Policies / Position Statements**	
6.1	**Anticoagulation Guidance** In conjunction with Enclosure 19.02 **6.1.1** The Chair invited JC to present the new anticoagulation guidance to the group. The document has been developed in line with Oxford's anticoagulation guideline and	

	in consultation with Dr. Sarah Davis (Consultant Haematologist, MKUH) and MKCCG **6.1.2** The document is patient-centered and supports prescribers to choose a suitable anticoagulant once the decision has been made to anticoagulate the patient. **6.1.3** NF suggested a number of minor amendments captured by the Author. There was also a discussion around the need for clarity around the process of using patients own cardiologist or a generic cardiologist. **6.1.4** Edoxaban has been added to this guidance as a choice of DOAC in line with NICE Guidance. **6.1.5** Statement about Edoxaban (at the bottom of page 4) needs to be bold and at the top of the page **Action** **6.1.6** Formatting to be reviewed, governance information in the footer and addition of page numbers **6.1.7** Document approved, with minor amends above **6.1.8** Add to the Formulary for use	J Corbett D Fagbenro
6.2	**Empirical Guidance on the Management of infection in Primary Care in Adults and Empirical Guidance on the Management of infections in Primary Care in Adults (short form)** **6.2.1** The Chair noted the urgency to approve the above documents and it was agreed by the committee that this could be ratified outside of the meeting. The document is currently awaiting comments from MKUH Microbiologist and MKUH Antimicrobial Pharmacist. **Action** **6.2.2** Documents to be circulated for approval by members outside of the meeting **6.2.3** Once approval is received, DF to upload the document to the Formulary	D Fagbenro
7	**Shared Care Guidelines**	
7.1	Lithium – Shared care guideline (to extend expiry date to April 2019) **7.1.1** Expiry was reviewed and it was agreed to extend the expiry to the end of May 2019 and to be considered at the May MKPAG meeting **Action** **7.1.2** Extend expiry date to May 2019 **7.1.3** Submit updated SCG for Lithium to PAG by 22nd April for MKPAG meeting scheduled for 22nd May	D Fagbenro F Hasham

7.2	**DMARD Shared Care Guideline** **7.2.1** SB was invited to present the DMARDs Shared Care Guideline, which has been in progress for some time to incorporate all the DMARDs in a single document. SB welcomed questions about the document. **7.2.1.1** JMc queried why Aprelimast was on the SCG. It is a high cost drug for secondary care prescribing only. **7.2.1.2** SB acknowledged this was an oversite and will be removed from the document **7.2.2** JC queried the lack of clarity around consultant initiation and monitoring before referral to GP **7.2.2.1** SB will address and update to make the process clearer **7.2.3** NF queried drug interactions on page 8 between Methotrexate and Antibiotics. The list is not exhaustive. JC queried if this section was required in the document. SB welcomed NF's comments. NF to send suggestions to MKPAG secretariat for further review **7.2.4** The Rheumatology specialist will initiate treatment with DMARD and prescribe the first 8 weeks medication. ZA raised a concern over patient safety and supplying over the usual 4 weeks. **7.2.3.1** SB gave assurances to the group that all patients are counselled and are fully aware of the nature of the medications they were taking and how to take them. **7.2.3.2** It was therefore agreed that the dose and quantity of medicine to be supplied would be recorded on the prescription. **Action** **7.2.5** Update the document based on above comments. **7.2.6** Document approved following above amendments and added to the formulary	 D Fagbenro D Fagbenro
7.3	Methotrexate Dose Audit **7.3.1** SB completed a Methotrexate Audit recently following concern around the number of patients still on 10mg of Methotrexate. There was an understanding from the last MKPAG meeting that all patients would be supplied with 2.5mg tablets only with the exception of cancer patients.	

	7.3.2 The audit results showed a number of patients that came into hospital on the 10mg. JC confirmed that all GPs were requested to liaise with patients to change them to 2.5mg, however, they can only advise and not make the GPs change their prescribing practice. **7.3.3** SB mentioned that on speaking to patients, none had had a 1-1 consultation with their GPs to review their methotrexate dosage. **7.3.4** It was also noted that this group fully supports the use of 2.5mg over 10mg, **Action** **7.3.5** NW to review the latest ePACT data **7.3.6** SB to forward the Audit data to JC for circulation. **7.3.7** JC agreed to re-address this issue with GPs and circulate the audit results as supporting evidence.	 N Woodhall S Banerjee J Corbett
8	**Applications to add medicines / devices to the formulary**	
8.1	Humalog KwikPen (200units/ml) **8.1.1** RH presented the re-submission for the higher strength Humalog KwikPen 200 units/ml and was invited to discuss the outcomes of the safety checklist and Risk Assessment as previously requested by MKPAG **8.1.2** There were a number of safety concerns noted on the Risk Assessment form around potential risks being marked as No – not risky, None or NA **8.1.2.1** The risks include dose selection, high doses, storage and separation of pens and the risk of errors **8.1.2.2** It was agreed that the Risk Assessment needs to be re visited. ZA (MKUH, Medicines Safety Lead) agreed to assist RH going forward. **8.1.3** Members needed clarification over its place in therapy. **Action** **8.1.4** ZA and RH to meet to review the Risk Assessment and RH to clarify its place in therapy **8.1.5** NW to review practice and process for GPs to find the patients in the community **8.1.6** It was considered safer to add to the Formulary as Amber 3 whilst the queries above are being addressed	 Z Alani/ R Hinch N Woodhall D Fagbenro

9.	**Formulary Amendments (November 2017 to date)**	
9.1	**Additions, deletions and NICE adherence checklist update** Formulary amendments November 2018 to January 2019 For noting by individual Trusts **Action:** Formulary amendments Nov 2018 to Jan 2019 to be circulated with minutes for reference	D Fagbenro
10.	**Published NICE Technology Appraisals (TA)** ***[Innovation, Health & Wealth – compliance with 90 day statutory requirement]***	
10.1	**NICE TA545:** Gemtuzumab ozogamicin powder for infusion **Indication**: for untreated acute myeloid leukaemia **10.2.1** NHSE /CDF funded **Action** **10.2.2** Add to the formulary in line with NICE TA	D Fagbenro
10.2	**NICE TA546:** Padeliporfin powder for injection **Indication**: for untreated localised prostate cancer **10.2.1** Not Recommended	
10.3	**NICE TA547**: Tofacitinib tablets **Indication**: for moderately to severely active ulcerative colitis **10.2.1** CCG Funded **Action** **10.3.2** Add to the formulary in line with NICE TA **10.3.3** Find out when Gastro Team will use oral monoclonal antibodies **10.3.4** Bluteq form required from CCG	 D Fagbenro D Fagbenro J Corbett
10.4	**NICE TA548:** Decitabine powder for infusion **Indication**: untreated acute myeloid leukaemia **10.2.1** Terminated Appraisal	
10.5	**NICE TA549:** Denosumab Injection **Indication**: for preventing skeletal-related events in multiple myeloma	

	10.2.1 Terminated Appraisal	
10.6	**NICE TA550:** Vandetanib tablets 100mg and 300mg **Indication**: For treating medullary thyroid cancer **10.2.1** Not Recommended	
10.7	**NICE TA551:** Lenvatinib capsules 4mg and 10mg **Indication**: for untreated advanced hepatocellular carcinoma **10.2.1** NHSE / CDF funded **Action** **10.2.2** Add to the formulary in line with NICE TA.	D Fagbenro
10.8	**NICE TA552:** Liposomal cytarabine–daunorubicin intravenous infusion **Indication**: for untreated acute myeloid leukaemia **10.2.1** NHSE / CDF funded **Action** **10.2.2** Add to the formulary in line with NICE TA.	D Fagbenro
10.9	**NICE TA553:** Pembrolizumab vial for intravenous infusion **Indication**: for adjuvant treatment of resected melanoma with high risk of recurrence **10.2.1** CDF funded **Action** **10.2.2** Add to the formulary in line with NICE TA	D Fagbenro
10.10	**NICE TA554:** Tisagenlecleucel Infusion **Indication**: ALL **10.2.1** CDF funded **Action** **10.2.2** Add to the formulary in line with NICE TA	D Fagbenro
10.11	**NICE TA555:** Regorafenib 40mg tablets **Indication**: advanced hepatocellular carcinoma **10.2.1** NHSE / CDF funded **Action**	

	10.2.2 Add to the formulary in line with NICE TA	D Fagbenro
10.12	**NICE TA556:** Darvadstrocel injection **Indication**: for treating complex perianal fistulas in Crohn's disease **10.2.1** Not Recommended	
10.13	**NICE TA557:** Pembrolizumab injection with pemetrexed and platinum chemotherapy **Indication**: for untreated, metastatic, non-squamous non-small-cell lung cancer **10.2.1** CDF funded **Action** **10.2.2** Add to the formulary in line with NICE TA	D Fagbenro
11	**NICE Highly specialized technologies guidance (HST)**	
11.1	Nothing to note	
12	**Safety Issues from the Medicines and Device Safety Team**	
12.1	Drug Safety Update: December 2018 - Noted for reference only **12.1.1** Noted	D Fagbenro [JC, ZA, FH]
12.2	Drug Safety Update: January 2019 - Noted for reference only **12.2.1** Noted	
13	**Audit & follow up of previous recommendations**	
13.1	**Audit of the use of Ferric Maltol (Feraccru®)** **13.1.1** Item was not on the agenda for discussion however, some concerns were raised by the CCG. Feraccru is a RED drug on the Joint Formulary i.e. it's for Hospital or specialist prescribing only. There have been a number of requests to GPs to prescribe Feraccru. Our initial agreement does not appear to be adhered to. 13.1.2 DF informed the group that Dr. Macfaul confirmed that the team has so far initiated one patient on Feraccru. **Action** **13.1.3** Reminder to be sent to Hospital Clinicians that Feraccru is on the Formulary and its status is Red –which means it's for Hospital or specialist prescribing only	D Fagbenro
14	**Chairman's action for information & oversight**	
14.1	Nothing to note	

15	**Feedback from other groups**	
15.1	RMOC update – November and December 2018 Enclosures 19.11 and 19.12 are for noting the outputs from RMOC. It is intended to highlight topical issues and recommendation made.	
15.2	Antimicrobial Stewardship Group **15.2.1** HC advised the group that the new Chair for AMSG was IR **15.2.2** IR advised that the new Microbiologist was due to start imminently **15.2.3** JC raised a concern around a statement on page 4 which reads: *"We are speaking to the CCG as the situation was made worse last year as patients could not get medication through their GP"* HC agreed that this was a misinterpretation and was related to care homes and Urgent Care Centre's lack of service contract with MKUH. The issue around this has since been resolved.	
16	**Any other business**	
16.1	Brexit – Local Discussion **16.1.1** Concerns were raised around the increasing number of unavailable stock. It wasn't clear if this was due to recent manufacturers closure or Brexit **16.1.2** All Pharmacies are being asked not to stockpile; Most are likely to be ordering to their maximum rather than minimum stock levels. **16.1.3** Members need to agree what to advice pharmacies when they run out of life-saving drugs. The CCG want to avoid having to call on the hospital. **Action** **16.1.3** Joint commissioning letter from Hospital and CCG to go to Community Pharmacies. **16.1.4** A Co-operation agreement will also be drafted for the process and cross-charging should the need arise to move medications around to aid patients.	H Chadwick / J Corbett
16.2	FP10 Prescriptions being presented to MK Hospital Pharmacy **16.2.1** Concern was raised with the CCG around the increasing number of FP10 prescriptions being presented to MKUH because community Pharmacies are unable to	

	obtain the stocks, however, more often than not it is available to them. **Action** **16.2.2** JC will reiterate to all pharmacies that legally MKUH should not dispense a FP10 prescription. It is possible for the Community Pharmacy to purchase the medicine from the hospital under the hospital pharmacy Wholesaler Dealer License. Community Pharmacies should not be telling patients to go to their hospital to fill their prescription.	J Corbett
16.3	Adalimumab Switch Update **16.3.1** HC updated that to date 50% of patients have been switched	
17	**Future Agenda Items**	
17.1	Steroid Foams for IBD	J Corbett

Future Meeting Date: 27th March 2019;
Venue: BICS Meeting Room, Oak House, MKUH