

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

Notes of the meeting held on Wednesday 27th March 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 12.10>
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	Apologies
Dr Andrew Cooney (AC)	Deputy Medical Director	Absent
x	Consultant Microbiologist	x
Carol Jellicoe (CJ)*	Advanced Nurse Practitioner	Apologies
Hani Patel (HP)	Finance Contract Representative	Absent
Kate Power (KPo)	Clinical Governance Representative	Apologies
Pritharj Chakrabarti	Microbiologist	Present >12.45
Dr. Mya Aye (MA)	Medicines Optimisation Lead, Paediatrics Consultant Pediatrician	Apologies
Dr. Dushyant Mital (DM)	Medicines Optimisation Lead, Medicine Consultant, Sexual Health Medicine	Apologies
Dr Sriram Naithilath (SN)	Medicines Optimisation Lead, Surgery Consultant, Anesthetist	Absent
Dr. Premila Thampi (PT)	Medicines Optimisation Lead, Women Consultant, Obstetrics & Gynecologist	Apologies
CNWL-MK		
Fahreen Hasham (FH)	Lead Pharmacist, Mental Health, CNWL - MK	Present
Post Vacant	Consultant Psychiatrist, Mental Health	x
Nominated Representatives for agenda items		
NA		
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	<p>The Chair opened the meeting and welcomed members.</p> <p>Members of the group and presenters introduced themselves.</p> <p>It was noted that the meeting was not quorate</p>	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 – 23rd January 2019	
4.1	<p>4.1.1 The minutes were noted, approved and ratified with the following amendments:</p> <p>Action</p> <p>4.1.2 Ratified minutes to be amended and uploaded to the formulary</p>	D Fagbenro
5.	Matters arising from previous meeting	
5.1	<p>MKPAG Action log</p> <p>5.1.1 Action log was reviewed and updated</p>	Chair
6.	Ratification of Prescribing Guidelines / Leaflets / Policies / Position Statements	
6.1	<p>Empirical Guidance on the Management of Infection in Primary Care in adults November 2018 and Empirical Guidance on the Management of Infection in Primary Care in adults (<u>short form</u>) November 2018</p> <p>6.1.1 Guideline was presented with minor amend to bring the short form in line with the main policy and reflective of Doxycycline usage</p> <p>6.1.2 Recent Safety Alert around Quinlens was noted in the document as not to be prescribed, it was also noted that MK is a low prescriber of Quinlens</p>	

	<p>Action</p> <p>6.1.3 JC and NW to pick up Quinlens SA for nex Prescribing Newsletter</p> <p>6.1.4 DF to update the formulary and wording for Quinlen prescribing</p> <p>6.1.5 Fedozamycine is Red on the forumulary, this should be Amber 1, DF to update</p> <p>6.1.6 Document approve with amends above</p>	
<p>6.2</p>	<p>Prescribing Guidance for patients with stable COPD and New COPD Inhaler options table</p> <p>6.2.1 NICE guidance recommends dual inhaler, however, GOLD recommend single use. As there is no official document governance as this is not a policy it was agree that a statement be added noting that following expert options in the consultation of the paper, it was agreed that the best recommendation was for single use</p> <p>6.2.2 It was suggested that along with the NICE reference a reference to GOLD should also be included to link where the information has come from</p> <p>6.2.3 Inhaler Options, 3rd column, Triple Therapy – add Specialist Recommendation Only</p> <p>Action</p> <p>6.2.4 Following the amends noted above the documents was accepted by the group</p>	
<p>6.3</p>	<p>Steroid Foam Enemas – Position Statement</p> <p>6.3.1 JC updated the group on a piece of work around Steroid Foam Enemas as the most common (Prednisolone rectal foam) has become very expensive with no clinical advantage on use over other products</p> <p>6.3.2 Conversations with the Gastroenterologists notes that although they are happy to use Colifoam it is currently unavailable with no stock date due.</p> <p>6.3.3 It was agreed to add a Position Statement to the formulary. All new patients will be prescribed Colifoam or Budenofalk Budesonide Foam. This position will be reviewed when Colifoam becomes available again.</p> <p>6.3.4 Patients who are under review or about to commence next treatment are to be considered for re starting on Colifoam or Budenofalk Budesonide Foam</p> <p>6.3.5 addition of the work orally at the end of the sentence on around poorly absorbed in Bedenofalk section</p> <p>Action</p>	

	<p>6.3.6 Document was approved with the amends noted above</p> <p>6.2.7 Update the formulary</p>	
6.4	<p>Azithromycin Patient Information Leaflet (PIL) updated</p> <p>6.4.1 The updated Patient information leaflet was presented to the group. Dr Bhattacharya has reviewed the document and no clinical changes were noted. There were a few minor queries</p> <p>6.4.2 As the PIL will be used by GP's and Hospital, the CCG Logo should be added</p> <p>6.4.3 Reference section: add note that PIL should be read in conjunction with the packaging information</p> <p>6.4.4 Section 2: Tell your doctor immediately if you feel your heart beating in your chest. In line with guidance change the wording to if you experience rapid or irregular heartbeats.</p> <p>6.4.5 Section 2, other medications: some interactions are missing, agreed to move. Replace with statement to consult the medication PIL or your doctor for more information.</p> <p>6.4.6 Section 4, last sentence is incomplete</p> <p>Action</p> <p>6.4.2 With the amends and updates noted above the document was approved by the group</p>	
6.5	<p>How to use the Breezhaler – Patient Information Leaflet (PIL) updated</p> <p>6.5.1 A number of inhaler leaflets are currently on the formulary website and will all need reviewing shortly. There was a discussion around the need and overall usage of the documents</p> <p>6.5.2 It was agreed that there would be a use and updating them would be minimal addition to NW workload</p> <p>6.5.3 NW to update the review dates</p> <p>Action</p> <p>6.5.4 Updated document approved</p> <p>6.5.5 Add updated document to the formulary</p> <p>6.5.6 NW to check other leaflets and update with review dates</p>	
7	Shared Care Guidelines	

<p>7.1</p>	<p>Methotrexate Therapy in IBD SCG - updated</p> <p>7.1.1 CTC was not in attendance to present the document 7.1.2 All note amends appear to have been incorporated in to the document</p> <p>7.2.3 JC queried secondary care and supply 28 days / Initiation and first 12 weeks – clarity required if this will be Hospital only prescribing, this should also be in bold text to highlight</p> <p>7.2.4 Concern around mixing of dosing and advice to patient needs to be stronger and in bold</p> <p>7.2.5 Page 7, some drug interactions are not noted, these should be all noted for consistency</p> <p>7.2.6 Remove all names from the policy and the letter, where possible add generic roles</p> <p>7.2.7 Letter to reflect folic acid and single strenghts</p> <p>Action</p> <p>7.1.8 DF to update and make the necessary changes noted above 7.1.9 The document has been approved by the group following the amends above</p>	
<p>7.2</p>	<p>Apomorphine in Parkinson’s Disease SCG - updated</p> <p>7.2.1. Updated from previous document into new template format, no clinical changes noted</p> <p>Action</p> <p>7.2.5 The document was approved by the group</p>	
<p>8</p>	<p>Applications to add medicines / devices to the formulary</p>	
<p>8.1</p>	<p>Clinical guideline for the management of vitamin D deficiency and Application to add Invita D3 50,000 iu and 5,600 iu capsules to the formulary</p> <p>8.1.1 JC presented a revision to the previous application for new Invita strengths to include capsules. Since the application there has been a notice issued from the supplier that they do not certify the items for Vegetarians/ Vegan, Halal or Kosher.</p> <p>8.1.2 The request is an addition of four more capsules which have been certified as suitable for Vegetarians and vegans.</p> <p>8.1.3 Although not noted a suitable as Halal or Kosher, it was deemed these would fall into this category</p>	

	<p>8.1.2 With the addition of these capsules, Dezonin?</p> <p>Action</p> <p>8.1.4 Add and remove as above to the formulary</p>	
9.	Formulary Amendments (November 2017 to date)	
9.1	<p>Additions, deletions and NICE adherence checklist update Formulary amendments November 2018 to March 2019</p>	For noting by individual Trusts
10.	Published NICE Technology Appraisals (TA) [<i>Innovation, Health & Wealth – compliance with 90 day statutory requirement</i>]	
10.1	<p>NICE TA558 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease</p> <p>10.1.1 NHSE / CDF funded Action 10.1.2 Add to the formulary in line with NICE TA.</p>	
10.2	<p>NICE TA559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies</p> <p>10.2.1 NHSE / CDF funded Action 10.2.2 Add to the formulary in line with NICE TA.</p>	
10.3	<p>NICE TA560 Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer</p> <p>10.11.1 (Terminated appraisal).</p>	
10.4	<p>NICE TA561 Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia</p> <p>10.4.1 NHSE / CDF funded Action 10.4.2 Add to the formulary in line with NICE TA.</p>	
10.5	<p>NICE TA562 Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma</p> <p>10.5.1 NHSE / CDF funded Action 10.5.2 Add to the formulary in line with NICE TA.</p>	

<p>10.6</p>	<p>NICE TA563 Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer</p> <p>10.6.1 NHSE / CDF funded Action 10.6.2 Add to the formulary in line with NICE TA.</p>	
<p>10.7</p>	<p>NICE TA564 Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer</p> <p>10.7.1 (Terminated appraisal).</p>	
<p>10.8</p>	<p>NICE TA565 Benralizumab (Fasenra, AstraZeneca) for adult patients with severe eosinophilic asthma</p> <p>10.8.1 CCG funded Action 10.8.2 Add to the formulary in line with NICE TA.</p>	
<p>10.9</p>	<p>NICE TA566 Cochlear implants for children and adults with severe to profound deafness (Non-medicinal)</p> <p>10.9.1 NHSE / CDF funded Action 10.9.2 Add to the formulary in line with NICE TA and Blueteq Form required</p>	
<p>10.10</p>	<p>NICE TA567 Tisagenlecleucel (Kymriah, Novartis) for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma</p> <p>10.10.1 NHSE / CDF funded Action 10.10.2 Add to the formulary in line with NICE TA.</p>	
<p>10.11</p>	<p>NICE TA568 Abatacept (Orencia) for treating psoriatic arthritis after DMARDs in adults</p> <p>10.11.1 (Terminated appraisal).</p>	
<p>NICE Highly specialized technologies guidance (HST)</p>		
<p>10.12</p>	<p>NICE Guideline <u>NG120</u> – Cough (acute): Antimicrobial prescribing Update choice of antibiotics</p> <p>10.12.1 JC confirmed that the comments have been reflected and incorporated into the guidance</p> <p>10.12.2 PC raised concern regarding prescribing of IV Antibiotics in patients diagnosed with Bronchiectasis. PC noted in his previous trust they used inhalers for patients who were suitable to return home, this also has positive financial impact for the trust.</p>	

	<p>10.12.3 Concern was noted around increasing the use of inhaler products in light of recent attempt to reduce.</p> <p>Action 10.12.4 The Chair suggested PC looked at this in more details with his experience from previous trust and to present a paper with a better understanding of the impact and cost effectiveness</p>	
11	NICE Highly specialized technologies guidance (HST)	
11.1	None	
12	Safety Issues from the Medicines and Device Safety Team	
12.1	<p>Drug Safety Update: February 2019 - Noted for reference only</p> <p>12.1.1 Noted</p> <p>Carbimazole out for specialists, add to EPMA warning and Formulary</p>	D Fagbenro [JC, ZA, FH]
12.2	<p>Drug Safety Update: March 2019 - Noted for reference only</p> <p>12.2.1 Noted</p>	
13	Audit & follow up of previous recommendations	
13.1	None	
14	Chairman's action for information & oversight	
14.1	<p>PMGC Recommendations</p> <p>14.1.1 Addition of iAluRil® pre-filled syringe to the formulary for Hospital use in Gynaecology and Urology. iAluRil® = Sodium hyaluronate /sodium chondroitin sulfate 800mg/1g per 50ml, soln in pre-filled syringe; Price:=£88.00. Indications: For symptomatic treatment of cystitis</p> <p>Action:</p> <p>14.1.2 JC raised concern around impact on Primary Care. HC offered assurance that this would be picked up by the Hospital. HC will double check what was agreed and confirm back to JC</p> <p>Noted: Centralising process for PAD Scheme access for essential data base for prices for procurement – not sure where to put?</p>	
15	Feedback from other groups	
15.1	<p>RMOC update Dec 2018</p> <p>1. Standardising strengths of high risk, unlicensed oral liquids formulations for</p>	

	<p>anti-TB medicines. Feb 2018</p> <p>a. Noted as actioned on Formulary, eCARE and JAC</p> <p>Addition of Pyrazinamide 500mg in 5ml, Ethambutol 400mg in 5ml and Isoniazid 50mg in 5ml to the formulary. All other Strengths are DOUBLE RED</p> <p>2. Maintaining Patency of Central Venous Catheters in Adult</p> <p>a. Noted as continuing review of impact and use</p> <p>3. Summary North RMOC Update November 2018</p> <ul style="list-style-type: none"> • Freestyle Libre • STOMP • Shared Care <p>4. RMOC (M&E) Update – 2019 Issue 1</p> <ul style="list-style-type: none"> • Sodium Oxybate • GLP-1 mimetics <p>5. RMOC Newsletter – 2019 Issue 2</p> <ul style="list-style-type: none"> • Compassionate Use / Free of Charge (FOC) Medicines Scheme Guidance • Liothyronine • Botulinum Toxin • Prior Approval BlueTeq Standardisation • Medicines Supply Routes Guidance. <p>Noted that a Survey on the Geographic Area Prescribing Committees is being collated. CCG have submitted their details</p>	
<p>15.2</p>	<p>Antimicrobial Stewardship Group</p> <p>15.2.1 It was noted that the last meeting and future meetings will have a key focus around CQUINS</p> <p>15.2.2 CQUIN 1 is around lowering urinary tract infections</p> <p>a) All dialog above 65% and to be based on a clinical criteria</p> <p>b) Reduce / remove the use of dipsticks which are inaccurate</p> <p>c) ?</p> <p>d) ?</p> <p>15.2.2.1 Aim is to follow all the above before prescribing. We need to have a minimum of 60% compliance to reach the target set.</p> <p>15.2.2.2 Working together to push the removal of for the use of dipsticks. It was agreed the message would have more impact if sent from across the Health Economy</p> <p>15.2.3 CQUIN 2 Antibiotics in elective colorectal patients. Almost 50% of patients are given a prolonged dose of antibiotics where a stat dose would be sufficient</p> <p>15.2.3.1 A compliance rate of 60% is required to reach CQUIN target</p> <p>15.2.3.2 Concern around the numbers, if prescribed via eCARE or via Theatres which are still on paper records, scanned into EDS</p>	
<p>16</p>	<p>Any other business</p>	
<p>16.1</p>	<p>NHS England consultation on items which should not routinely be prescribed</p>	

	<p>[Aliskiren, Amiodarone, Dronedarone] Feedback: Waiting for outcome on consultation</p> <p>16.1.1 Closed, no outcomes as yet received. Due June 2019</p>	
16.2	<p>SCG Long Acting Antipsychotics</p> <p>16.2.1 FH requested and extension to the existing policy which expired February 2019</p> <p>Action</p> <p>16.2.2 Extension approved to May 2019.</p> <p>16.2.3 FH to bring updated document to May 2019 meeting</p>	
16.3	<p>Clozapine</p> <p>16.3.1 FH advised the group that following the recent coroner's inquest where patients have died due to clozapine side effects. CNWL would like to send letter to all GPs to request that Clozapine prescribing is entered on to the patient summary care record</p> <p>16.3.2 This was agreed in principal with some queries to be resolved first</p> <p>16.3.2.1 FH: Ensure these are not added to the repeats and are for Hospital prescribing only</p> <p>16.3.2.2 FH: Liaise with NW and NF for best process</p> <p>16.3.2.3 JMc: Check how MKUH will view this on SCR</p> <p>Action</p> <p>16.3.3 FH: One letter to each GP re each patient, cc the Practice Managers</p> <p>16.3.4 FH: Instructions on how to add the details to SCR will need to be included</p>	
16.4	<p>CNWL Medicine Optimisation Newsletter</p> <p>16.4.1 FH enquired if the group would like sight of the newsletter</p> <p>Action</p> <p>16.4.2 it was agreed that yes they would. FH will circulated going forward</p>	
16.5	<p>This is the last Meeting for DF before she leaves MKUH. On behalf of the group HC thanked DF for all her hard work and efforts over the years with her work on the Formulary and MKPAG. HC also wished DF all the best for her future</p>	
17	<p>Future Agenda Items</p>	

17.1	Smoking Cessation – Formulary recommendations – update in progress	
17.2	Vitamin B12 guideline (Investigation and Treatment) - in development	
17.3	Medication Treatment Algorithm for childhood ADHD – update in progress	
17.4	Lithium SCG - Update	

Future Meeting Date: 22nd May 2019;
Venue: TBC, MKUH

DRAFT