MINUTES OF THE MEDICINES MANAGEMENT GROUP MEETING

Date & Time of Meeting:	**Wednesday 19th March 2014 1.30-4.30pm**
Venue:	**Boardroom, Glangwili General Hospital, Carmarthen** **VC From Bronglais General Hospital and Hafan Derwen**
Present:	Chair, HDUH (Chair) Head of Pharmacy & Medicines Management (Acting), HDUHB (HoPMM) Deputy County Lead Pharmacist Ceredigion (CLPh Cere) County Lead Pharmacist Pembrokeshire (CLPh Pembs) Deputy County Lead Pharmacist Carmarthenshire (CLPh Carm) Consultant Anaesthetist, Carmarthenshire (Consultant) General Practitioner, Carmarthenshire (GP) Clinical Effectiveness Co-ordinator (Guidance), HDUHB (CEC-G) Senior Nurse, Medicines Management (SN,MM) Associate Director of Nursing, HDUHB (AssDoN) Lead Clinical Development Pharmacist, HDUHB (Minutes) (LCD Pharmacist) Director of Therapies and Health Science Therapies and Health Science Directorate (DTHST)
In Attendance:	

Agenda Item	Item	Action
14/38	The Chair then noted that apologies for absence had been received from: Medical Director, HDUHB (MD) Head of Financial Planning, HDUHB (HoFP) CHC Representative (CHC) County Lead Pharmacist Ceredigion (Deputy present) County Lead Pharmacist Carmarthenshire (Deputy present) Consultant Anaesthetist, Ceredigion (Chair APM) The meeting was quorate.	
14/39	**Declaration and Register of Interests**	
	There were no declarations and register of interests noted at the meeting.	
	Introduction of new drugs or dressings onto the formulary/update of formulary review.	

14/40	Any approved decisions are added to the formulary and Script switch. **Clinical Formulary Subgroup Minutes** **a. Dymista** **Deferred** To discuss at May MMG with the position in the care pathway and evidence. **b. Ulipristal** **To remain Hospital Only** **c. Resource ThickenUp Clear** Currently on hold as Dieticians require further evidence and information from the introduction in ABMU. There are significant training requirements. **d. Duraphat Dental prescribing** Dental prescribing of Duraphat should be in line with the DOH guidelines.. To pass to the Dental Contracts Manager to consider whether an Audit of Duraphat Prescribing is required. Work analysis dental prescribing at an All Wales level is been undertaken. **e. Cod liver oil** NICE do not recommend Cod Liver Oil for any joint disorder. If patients wish to use these supplements they can buy them in Health food shops or OTC in pharmacies. **NOT APPROVED for NHS Prescription or HDUBD Formulary** **f. Subcutaneous trastuzumab (Herceptin)** MMG discussed the briefing paper and noted the clinical and financial benefits and opportunities that could arise from introducing subcutaneous trastuzumab. However there are potential risks which may occur if biosimilar IV trastuzumab is introduced soon. **MMG APPROVED the addition of subcutaneous trastuzumab to the Formulary** but the Oncology Teams and the Oncology Project Board should consider the service impact and decide how they will use it in the HDUHB Oncology Service.	LCD Pharmacist to work with applicant LCD Pharmacist to inform Dental Contracts Manager LCD Pharmacist to inform Oncology Service and Oncology Project Board.
14/41	**NICE & AWMSG Guidance** **NICE Clinical Guidance Report** CEC-G summarised the main points of the report. **CG178 Feb 2014 Psychosis & schizophrenia in adults** The amendments are mainly to bring it into line with the guidance for children. The amendment that GPs should only prescribe antipsychotics for a first presentation of psychotic symptoms in consultation with a psychiatrist may be difficult where access to secondary care Mental Health Services is limited. MMG to write to the Chair of the Mental health Population Health Group and Lead Psychiatrist highlighting the problems. **CG177 Feb 2014 Osteoarthritis** Amendment: Do not offer intra-articular hyaluronan injections for	MMG to write to Mental Health PHG and Mental health Lead MMG to invite

	the management of OA. Little used outside of Carmarthenshire. Treated as a Non-Formulary Drug in Pembrokeshire, Carmarthenshire-marked 'as per agreed protocol' The orthopaedic consultant has presented interim audit results to MMG. Invite Consultant to present full audit results to next MMG and review whether intra-articular hyaluronan injections should become non-formulary now. Lipid Modification Guidance due July 2014 has an estimated increase in costs due to increased statin use of £400K.	orthopaedic consultant to May MMG to present audit results and review formulary inclusion
14/42	**NICE TA & AWMSG Recommendations** The LCD Pharmacist summarised the proposed place of treatment of the following AWMSG/NICE recommended medicines **a. Lisdexamfetamine** **Chairs Action APPROVED** Lisdexamfetamine 2nd line after methylphenidate as an alternative to atomoxetine or 3rd line after atomoxetine. [Specialist initiated]. The Clinical Formulary subgroup noted that the Advisory Council on the Misuse of Drugs has recommended additional controls on lisdexamfetamine because of reports of addiction (it is not yet known what these controls will be as it is already a full CD), so we need to highlight that prescribers need to be alert for signs of abuse, addiction or diversion. Specialist initiated is in line with methylphenidate (also CD) as, although there is no formal Shared Care Guidance, some GPs will prescribe while others choose not to and supply is from secondary care. b**. Lixisenatide** Discussed with Diabetic Network. **Formulary Recommendation:** **1st line lixisenatide** **2nd line liraglutide (**if the person has not had a beneficial metabolic response to lixisenatide (NICE CG87: a reduction of at least 1.0 percentage point in HbA_{1c} and a weight loss of at least 3% of initial body weight at 6 months). Extenatide MR (Bydureon) reserved for patients where compliance is an issue / unable to inject themselves / patient preference. [Specialist Initiated]. GLP-1 use will audited in Primary Care this year. **c. Sodium phenylbutyrate** APPROVED [Specialist initiated]. Currently no paediatric or adult patients will be transferring to Phenburane. **d. Botulinium toxin Type A urinary Incontinence** **APPROVED [Hospital Only]** Currently provided via ABMU. Consultant is developing a service in Hywel Dda, but CEAC approval is required first. **e. Abatacept for JIA APPROVED [Hospital Only]** Tertiary Care	

14/43	**f. TA300 Hepatitis C in children APPROVED [Hospital Only]** Tertiary Care	
14/44	**CEPP Local Comparators 2014-2015** These are for information. May MMG will have a presentation on the National Indicators with local data and trends.	May MMG Presentation
14/45	**WeMeReC Polypharmacy Workshops** For information. Polypharmacy is topical, AWPAG is developing guidance. The YouTube video clip on Polypharmacy by Prof James McCormack (Professor of Pharmaceutical Science, University of British Columbia, Canada) is recommended. The link is: www.youtube.com/embed/Lp3pFjKoZl8	Circulate YouTube link
	AWMSG Meeting to update All Wales advice on oral anticoagulants The LCD Pharmacist introduced the discussion by highlighting the actions that the AWMSG Update meeting are proposing. The discussion identified the following points: 1. The new AWMSG Risk-assessment form for AF-includes warfarin patients and is 5 pages long. Cardiologists have reservations. Cwm Taf have a one page triplicate form that could be modified for use in Hywel Dda. 2. Communication from secondary care to GPs is poor with regard to documenting risk-assessment, risk-benefit discussion with patient, baseline monitoring, duration of treatment and follow-up (for DVT or PE) 3. Some patients are asking to be started on a NOAC rather than warfarin for AF. Some reports that GPs/Consultants are interpreting AWMSG guidance that patients have to have a trial of warfarin before a NOAC. 4. A patient decision aid would be useful to ensure that patients are given balanced information. NICE are developing this currently, others are available. 5. If NOACs are prescribed from secondary care, they do not appear on the repeat prescription list from the GP. This presents a medicines reconciliation risk when patients are admitted to hospital. 6. Audit of AF use of NOACs analysis needs to be completed. 7. ADRs with NOACs need to be audited. 8. The results of the primary care safety and monitoring audit need to be combined and analysed. Thrombosis Committee will be asked to take this work forward.	LCD Pharmacist to forward papers, and request Yellow Card reports to Thrombosis Committee

	Medicines Management Strategy Update	
14/46	**HDUHB Medicines Information Service Presentation** Deferred to May MMG meeting.	
14/47	**Financial Update: Primary & Secondary Care** For information-no comments arising	
14/48		

14/49 14/50	**Taking Forward Recommendations from the Robert Powell Report** MMG note and fully support the Recommendations and Action Plan of the HDUHB Taking Forward and Building on the Recommendations from the Robert Powell Investigation Report and agree that the actions should be progressed as a priority. MMG also fully supports any I.T initiatives that implement improved communications between primary and secondary care (particularly on admission and discharge from hospital). **Q & S Annual Report from MMG 2013-2014** No comments arising **Prescribing Management Scheme 2014-2015** CLPh Pembs outlined the review of the PMS. It aims to reward GP practices who are proactive and consistently follow evidence-based cost-effective prescribing as well as improving practices. It has a quality emphasis on reviewing patients' treatment and is concentrating on respiratory prescribing ,with a view to reviewing patients on high-dose corticosteroids and stepping-down where appropriate. Educational messages need to be delivered to all staff working in this area. GP Leads have been consulted and are in favour. The paper presented contained the principles of the proposed PMS but requires additional financial information and evidence to be added. An annex for secondary care will be developed as secondary care engagement is vital. All to give comments and feedback to CLPhPembs, then final version to go for Chairs Action. ICS Audit: Need to include patients who are variable self-dosing (eg SMART regime) in Audit Criteria 2 (attempt made to step down treatment). A suitable Read Code needs to be identified for variable self-dosing. A new feature of this PMS audit is that 2 cycles are required. **APPROVED in principle subject to Chair's Action for the final version.**	Add to Q&S report Comment to author and then Chair's Action for the final version. Include variable self-dosing in audit and identify Reed Code.
14/51 14/52	**Prescribing Guidance** All policies endorsed by MMG would be submitted to the Clinical Policy Group **ABMU Antiepileptic Drugs Letter** **Noted** for circulation to Hywel Dda GPs as historically patients have seen neurologists based in ABMU. **HDUHB Chronic Pain Guidelines** MMG supports the development of a holistic CNMP pathway based on a bio-psycho-social model to which the pharmacological advice can be added. Provision of Chronic Pain Services should be Health Board wide. Discussion about how psychological support could be provided and funded took place. The MSK Population Health Group could take these developments forward, funding could be sought from locality PMS money or the secondary annex to the PMS. It was noted that the investment in psychological support services may be greater than the savings on medicines. Previous work was done in the Three Counties Planning Forum.	Circulate ABMU letter to GPs and Hospital] CLPhPembs & Consultant Anaethetist to take Chronic pain provision forward in MSK PHG.

	However MMG has a specific role in approving medicines guidelines-comments received: Regular paracetamol dosing, NSAID cautions, inclusion of opioid patches (needs to be in line with the Opioid Patch guidance issued Jan 2014), tramadol reclassification. The format of the ABUHB guidelines was commended as an example of good practice by AWPAG. **DEFERRED** subject to addressing comments above and formatting.	LCD Pharmacist to inform author
14/53	**HDUHB Surgical Antibiotic Prophylaxis Guideline (Update)** **APPROVED** Dose of flucloxacillin IV pre-orthopaedic surgery reduced to 1g. Orthopaedics wish to follow National Guidelines (which include cephalosporins), both regimens included in guidance.	LCD Pharmacist to send to CRPG for loading onto Policy page
14/54	**HDUHB Epidural Guideline** Withdrawn as Patient Controlled Epidural Analgesia needs to be approved by CEAC.	
14/55	**HDUHB Patient Controlled Analgesia Guideline** **APPROVED** subject to one amendment: GGH are now using Alaris PCAM. The logo on the PCA Monitoring Chart needs updating.	LCD Pharmacist to inform author
14/56 **14/57**	**Vancomycin Prescribing & TDM Monitoring Guide** **Gentamicin Prescribing & TDM Monitoring Guide** Reformat forms so that the layout is consistent	LCD Pharmacist to inform author
14/58	**Pregabalin Audit** **APPROVED** to be piloted in a large/high prescribing practice in each County. Results to be analysed and an Action Plan drawn up.	Send to Prescribing Advisors
	Patient Group Directions	
14/59	**PGD Subgroup Report and Workplan** **Expired PGDs** MMG supports Hywel Dda University Health Board to continue the indemnity of staff working to the Emergency Nurse Practitioner (ENP) PGD for co-codamol 8/500 and the Registered Nurse (RN) PGDs for co-codamol 8/500, co-codamol 30/500, ibuprofen and paracetamol which expired at the end of September 2013 the period 1 Oct 2013 to 31st March 2014. These PGDs have been reviewed and will be approved by the end of March 2014. **Paracetamol dosage in RN & ENP PGDs.** MMG noted that the doses for paracetamol in BNF 66 September 2014 give a reduced dose for 12-16 year olds. The paracetamol dose in the previous PGD for children over 12 years old was 500mg-1g. This has been reduced for 12-16 years old to 480-750mg. Therefore under the RN paracetamol PGD a	Add to Q&S report

	child could receive a single additional 250mg dose of paracetamol. The risk from this is minimal. **Paracetamol oral dose for adults weighing under 50Kg** MMG recommends that BNF doses are used in PGDs and that standard advice to 'check the current BNF' is added to the PGD. **a. Botox SBAR** Development of the Dysport PGD **AGREED subject to checking** whether Dysport is more susceptible to the formation of neutralising antibodies than Botox (which would lead to the use of higher doses more frequently and mitigate an cost savings).	
	Minutes of MMG Subgroups	
14/60 **14/61** **14/62** **14/63**	**Thrombosis Committee** a. Warfarin (Chairs Action) APPROVED The Chair of the Thrombosis Committee has been invited to be a full member of MMG. The new Professional Secretary will be invited to deputise if required so that the relationship between the committees can be developed. **Acute Pain Meeting** No comments arising **Antimicrobial Management Committee** A Smartphone app is being developed for the HDUHB Antibiotic Guidelines to be used by Health Care Professionals **LIN** a. Unidentified substances letter. No comments arising.	LCD Pharmacist to draft letter to Thrombosis Committee inviting Professional Secretary to deputise at MMG.
	Formulary Update	
	No matters to report	
	Drug Safety	
14/64 **14/65** **14/66**	**MERG (No meeting since last MMG)** **NPSA For information no comments arising** **EMA Strontium Update** No comments arising	Strontium advice to be revised and issued following MHRA advice.
	For Information	
14/67 **14/68** **14/69**	**Prescribing Newsletter January 2014** No comments arising **Citrate Pilot Approval (Chairs Action)** No comments arising **Prescription Writing Standards** These will be discussed by the Clinical Pharmacy & Procurement Group. LCD Pharmacist to confirm that HDUHB can access the All Wales Medication Chart e-learning package. They will be incorporated into 5th Year medical student training, sent out on	LCD to confirm access to e-learning, send global e-mail, add to Medical Student

	Global e-mail and sent to the Independent Prescribers forum. Section 2 (Prescribing and Recording Administration on the All Wales In-Patient Medication Record Charts will be useful for nurse training (To be taken forward by SN-MM).	Training. SN-MM to send to Nurse Training and Independent Prescribers.
14/70	**Lithotripsy Drug Chart** No comments arising	
	Minutes of the last meeting	
14/71	**The minutes of the meeting held on 22nd January 2014** were **APPROVED** **Matters arising:** a. HDUHB Contraceptive Pathway b. Vitamin D Protocol c. Prilocaine cost d. Publishing MMG minutes e. Medical Student transcribing feedback f. FIB label g. Outpatient Letter No comments arising	
	Any Other Business	
14/72	**HDHB Magnesium Infusion Guideline (Update)** MMG amended the 3rd bullet point to read 'Give over *a minimum of* 3 hours' and the 12th bullet point to read ' Infusion times vary but longer ones (6-12 hours) are recommended in the less acute setting *and in elderly patients or those with cardiac compromise*.' Concern still remains regarding the volume of infusion which will be resolved before Chair's Action is requested.	
APPROVED MMG 16th July 2014		
	Date of Next Meeting	
	Wednesday 14th May 2014 1.30-4.30pm Meeting Room, Canolfan Derwen, Hafan Derwen. Carmarthen	