Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 16th of April 2012

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes were approved and will be circulated.

3. Matters Arising

The committee noted the matters arising from the previous meeting.

4. New Medicines Applications

Additions:

- **Golimumab for Psoriatic arthritis and Rheumatoid arthritis**
  Decision: Approved. Tariff Excluded Medicine. Short form

Golimumab is indicated for the treatment of psoriatic arthritis and rheumatoid arthritis after the failure of previous disease-modifying anti-rheumatic drugs. Golimumab is intended for third line therapy. The manufacturer provides the 100mg dose of golimumab at the same dose as the 50mg dose, agreed as part of the patient access scheme. 5-10 patients per annum are anticipated to be initiated on golimumab.

Removals

- Estradiol patches:
  - Estraderm MX 25,50,75, 100mcg to change from Formulary to NF – based on cost and tolerability
  - Femseven 50, 75, 100mcg to change from Formulary to NF – based on patch not staying on for 1 week
- Estradiol + Progestogen
  - Elleste Duet Conti to change from Formulary to NF – based on cost and equivalence to Kliofem
  - Nuvelle Cont to change from Formulary to NF – based on cost and equivalence to Kliofem

Ex-panel additions

- Vitamin D: Colecalciferol 800 unit capsule (Fultium) and associated Vitamin D Guidelines
- Cyproheptadine 4mg tablet - antidote for serotonin syndrome
- Estradiol patches:
  - Evorel 25, 50, 75, 100mcg to change from NF to Formulary – based on cost
  - Fematrix 40, 80mcg to change from NF to Formulary – based on dose selection
- Estradiol + Progestogen
  - Kliofem to change from NF to Formulary – based on cost
  - Angeliq – 3rd line for post menopausal women as alternative for metabolic or antihypertensive effects of progestogen containing products
- Estrogens – oral
  - Conj Estrogens 300mcg to change from NF to Formulary – to complete dose range
  - Estradiol (Zumenon) 1mg – ex panel Formulary addition (2nd line to Elleste Solo)
  - Estradiol (Zumenon) 2mg – ex panel Formulary addition (2nd line to Elleste Solo)

5. Medicines Management /Medicines Policy

- **Proposed NWL Formulary and Performance CQUIN for 2012-2013**

Following a letter from the chair of the committee to the chair of the NWL Clinical Executive Group expressing concerns, there have been a number of workshops organised by NHS NWL to discuss the proposed NWL Formulary list and CQUIN. It was acknowledged at these meetings that the proposed NWL Formulary would not be agreed and in place by the 1st of April 2012. Acute and Mental Health Trusts were asked to come up with a proposal for internal auditing to be agreed via the local contracting process by the 30th of April 2012. It was suggested that there would need to be baseline audits of adherence by Q1 of 2012-2013 with an agreed trajectory for Q2 to Q4 2012-2013. The EPR team is investigating how C&W might be able to automate some of the audit process by a modification to the local electronic prescribing system; however this will not be functional by the 30th of April. C&W should be able to set a percentage with a trajectory for improvement, once the baseline audits have been conducted. The Trust also sent representatives to the clinical engagement groups for Dermatology and HRT and these were found to be very constructive. The second iteration of the Formulary was subsequently released 23/03/2012 with a deadline for comments by 20/04/2012. The NWL integrated formulary governance proposal was also circulated to the committee.

- **Section 1 – Introduction**

The updated section required further revisions and will come back to the May meeting.

- **Section 5- Handling & Transport of Medicines**

Approved update. Authorised staff have been updated to include CNWL staff, ward clerks and Ellesmere House nursing or auxiliary staff with a Care UK identification. Section 5.2.3 (Controlled drug delivery) has been updated to include that a staff member must sign on the pink slip in the controlled drug order book to confirm receipt into the ward controlled drug register. Section 5.2.4 (Parental cytotoxics) has been updated to include that staff collecting parental cytotoxics must sign the collection register to confirm they have undertaken cytotoxic spillage training.

- **Section 12 - Safe Disposal & destruction of Medicines**

Approved update. The committee noted section 12 has been updated according to the Trust's new name under Foundation status and the current pharmacy management structure.

- **Section 21 – PGDs**

Approved update. Section 21 has been revised to streamline the approval process for PGDs, reflect the new nursing structure, allow for delegation of PGD ownership across multiple sites, reflect updated training requirements and the introduction of the Trust PGD Lead.

- **Counselling tools from CLARHC project**

The 2010 survey found 47% of CWH patients were not fully told about side effects of medicines at discharge (national average 46%). This was listed as priority area for Pharmacy to address. However, a 2011 survey still found 60% of patients (vs 61% nationally) were not told about side effects at discharge. Discussions were held with patient representatives and providing simpler counselling points for the most commonly prescribed medicines was suggested. The West Middlesex Hospital's CLAHRC project has developed a counselling tool that can be adapted for CWH as follows; laminate copies and place on adult wards for nursing staff to access, include a slip in the TTO/Outpatient bag (only for newly initiated medicines), pharmacists to insert counselling advice on Lastword for newly initiated medicines (access to patients on their DSUM copy) and medicines without counselling points should be treated as higher risk medicines and patients should received counselling from their pharmacist as normal. The committee approved the tool in principle and suggested a number of changes. The counselling tools would be updated accordingly and discussed at the Senior Nursing and Midwifery Committee and with Dr Lai who is leading on updating discharge summaries.

6. NICE Guidance March 2012

- **DRAFT Final Appraisal Determination for Rivaroxaban in AF**

The committee noted the above item.

- **TA249 Atrial fibrillation - dabigatran etexilate**

Dr Morgan has been asked by the Quality committee to respond to TA249, and will feedback at the next meeting.

7. IVIG Update March 2012

There were 13 IVIG issues in March 2012, with 8 new requests:

- Two were for toxic epidermal necrolysis (red indication)
- Two were for Kawasaki disease (red indication)
- Three were for idiopathic thrombocytopenic purpura (red indication)
- One was for haemophagocytic syndrome (blue indication)

8. Items for Noting

- **HIV Drugs Sub-committee Minutes February 2012**

The committee noted the above item.

- **CD requisitions audit to check compliance for signature on pink slip**

The committee noted the recommendations following this audit.

- **Statin and ACEI vs ARB Audit March 2012**

The committee noted the above report and adherence with the contract requirements.

- **Updated London Cancer Drugs Fund List**

The committee noted the above item.

- **PGD Tracker April 2012**

The committee noted the report of PGDs approved and action taken to follow up on expired PGDS. The committee noted 2 PGDs from GUM are outstanding for renewal.

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee

- Medicines Committee March 2012 Summary Notes

10. Date of the next meeting

Next Meeting: Monday 14th of May 2012 8.00 – 9.00 Beta Cell Seminar Room, LGF
Closing date: Friday 20th of April 2012

Summary of Main Points from the Meeting held on the 12th of March 2012

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes were approved and will be circulated.

3. Matters Arising

The committee noted the matters arising from the previous meeting.

4. New Medicines Applications

Formulary Applications

Additions

- **Eltrombopag 25mg and 50mg tablet for Chronic immune thrombocytopenic purpura**

Decision: Approved. Tariff Excluded Medicine. Individual Funding Request required.

The committee noted a decision by the Pharmacoeconomics board to approve eltrombopag 25mg and 50mg tablets as an individual funding request for chronic immune thrombocytopenic purpura.

Ex-Panel Requests

- **Solifenacin 10 mg tablet**

Decision: Approved. Tariff Included Medicine.

- **Nonoxinol (Gygel) Gel spermicide**

Decision: Approved. Tariff Included Medicine.

5. Medicines Management /Medicines Policy

- **Section 14 – Adverse Drug Reactions**

Approved update according to requirements in the Information Standards Notice (ISN) – New Standard 1582, which is an update on the previous advance notification relating to Yellow card ADR reporting..

- **Section 16 - Ward Openings & Closings**

Approved update according to Trust's new name under foundation status, current pharmacy management structure and to include items stored in a refrigerator.

- **Section 17 – Doctor's Own Prescriptions**

Approved updated to reflect the current pharmacy management structure.

- **Medicines Committee Terms of Reference**

Update Approved with a minor amendment.

The terms of reference have been updated to reflect current membership and proposed changes caused by the proposed Integrated North West London Formulary. The name of one of the divisions also required updating.

The committee discussed the proposed Integrated NWL Formulary to be in effect from the 1st of April 2012and concerns were raised by clinicians as follows:

- members feel they have not been consulted on in a timely manner, with adequate notice for meetings with specialist clinicians
- process for additions or deletions to the NWL Formulary (i.e. the proposed NWL Drugs and Therapeutics Panel) not in place
- concerns about GPs changing therapy initiated by specialists in hospitals

The chairman agreed to write to Dr. Dr. Mark Sweeney, Chair, NWL Clinical Commissioning Group on behalf of the Medicines Committee to raise these concerns

6. NICE Guidance January & February 2012

- **TA 241 - Leukaemia (chronic myeloid) - dasatinib, nilotinib, imatinib (intolerant, resistant)**

Noted – update formulary status to reflect NICE Guidance.

- **TA243 - Follicular lymphoma - rituximab (review)**

Noted – update formulary status to reflect NICE Guidance.

- **TA242 - Colorectal cancer (metastatic) 2nd line - cetuximab, bevacizumab and panitumumab (review)**

No action – not applicable to C&W.

- **TA244 - Chronic obstructive pulmonary disease - roflumilast**

No action – not applicable to C&W.

- **TA245 - Venous thromboembolism - apixaban (hip and knee surgery)**

No action – apixaban is an option for treatment, however rivaroxaban is already on formulary for this indication.

- **TA246 - Venom anaphylaxis - immunotherapy pharmalgen**

No action – not applicable to C&W

- **TA248 - Diabetes (type 2) - exenatide (prolonged release)**

Noted – update formulary status to reflect NICE Guidance.

- **TA247 - Rheumatoid arthritis - tocilizumab**

Noted – update formulary status to reflect NICE Guidance.

7. IVIG Update December 2011 & January 2012

There were 13 IVIG issues in February 2012, with 3 new requests a Kawasaki disease, Toxic epidermal

necrolysis and idiopathic thrombocytopenic purpura (all red indications).

8. Items for Noting

The committee noted the following items:

- HIV Drugs Sub-committee Minutes January 2012
- CD Occurrence Report for Quarter 3 2011/12 (October-December 2011)
- Statin and ACEI vs ARB Audit February 2012
- PGD Tracker
- Unlicensed medicinal products list update

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee

- Medicines Committee February 2012 Summary Notes
- CD Occurrence Report for Quarter 3 2011/12 (October-December 2011)
-

10. Date of the next meeting

Next Meeting: Monday 16th of April 2012 8.00am – 9.00am Board Room, Lower Ground Floor
Closing date for papers: Friday 23rd of March 2012