Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 12th of December 2011

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

- **Ranibizumab for Diabetic Macular Oedema**

Decision: Approved only in exceptional circumstances. Tariff Excluded Medicine requiring individual funding request process.

NICE Guidance TA 237 concluded that:

- Ranibizumab is not recommended for the treatment of visual impairment due to diabetic macular oedema.
- People currently receiving ranibizumab for the treatment of visual impairment due to diabetic macular oedema should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

This negative NICE Guidance has been the subject of an appeal by stakeholders. The committee recognised the recommendations from NICE but agreed that ranibizumab may be prescribed on a case by case basis **in exceptional circumstances**, pending funding approval by the relevant PCT. The committee also noted that there are 9 patients with current PCT funding approval to receive ranibizumab for this indication. These patients may continue to be treated until it is considered that it is appropriate to stop. Ranibizumab is administered as a monthly injection per eye until maximum visual acuity is reached (stable for three consecutive monthly assessments). The estimated cost impact is £89,000 to £116,000 per year in primary care.

- **Loteprednol eye drops - Decision: Approved. Tariff Included Medicine.**

Loteprednol eye drops are indicated for treatment of post-operative inflammation following ocular surgery where concerns regarding raised intra-ocular pressure exist.

- **Exenatide Extended Release (ER) - Decision: Approved. Tariff Included Medicine.**

Exenatide normal release (Byetta®) BD is currently on the Formulary. Exenatide ER (Bydureon®) is indicated for patients with type 2 diabetes in line with NICE Clinical Guideline 87 '*Type 2 diabetes: the management of Type 2 diabetes'* who require GLP-1 analogue therapy but are unable to take exenatide or liraglutide due to:

- unwillingness or inability to take twice daily exenatide or once daily liraglutide injections
- inability to take injections with meals due to gastrointestinal adverse effects o
- or only have partial response for both glycaemic and weight reduction on twice daily therapy.

Exenatide ER allows once weekly dosing with improved tolerability and efficacy, compared to normal release exenatide which is administered as a twice daily injection. GPs are expected to take on prescribing once patients are stabilised on treatment. The overall cost impact for 50 patients per year is expected to be cost neutral in terms of the cost of the medicine, with savings expected from reduced usage of needles and blood glucose testing strips.

- **Temocillin - Decision: Approved. Tariff Included Medicine.**

The committee agreed that temocillin is indicated for the treatment of a positive blood culture, urinary tract infection or lower respiratory tract infection where susceptible gram-negative bacilli are suspected or confirmed and will be added to the Trust's restricted antibiotic list. Temocillin may be used empirically on the advice of microbiology as an alternative option to carbapenems due to increased resistance to this class of antibiotics. The committee also noted that use of temocillin is associated with reduced incidence of C*.difficile* infection. Temocillin will have a cost impact to tariff excluded budgets estimated at £10,000/year and will be included in the cost pressure predictions for the 2012-2013 financial year.

- **Rifaximin - Decision: Approved. Tariff Excluded Medicine.**

Rifaximin is intended to be used for secondary prevention of hepatic encephalopathy (unlicensed indication). An unlicensed product is currently being prescribed for this indication; however because a licensed formulation of rifaximin is now available for another indication, MHRA Guidance and the Trust Medicines Policy require that we transfer to using the licensed product 'off-label' or outside its product license. Rifaximin will be consultant initiated and prescribed for a select group of patients which should limit hospital admissions. The duration of treatment is 6 months; however the drug may be discontinued earlier for patients considered for liver transplantation. If there is no response by 4 weeks, treatment will also be stopped. The committee noted there is no data for when to stop treatment and that GPs may not agree to prescribe this product as it is being used 'off-label'. Rifaximin is expected to be prescribed for 20 patients/ annum. Transfer to licensed product will result in an increased expenditure for the in-tariff budget of £23,000 per year. This cost pressure will be highlighted as part of the predictions for drugs budgets for 2012-2013.

- **Ex-panel request - Bimatoprost eye drops 0.01%**

Decision: Approved. Tariff Included Medicine.

Bimatoprost eye drops 0.03% are currently on the Formulary, however this strength causes red eye as a side effect due to the prostaglandin analogue. The 0.01% strength is reported to cause less red eye. The cost between the two different strengths is negligible.

5. Medicines Management /Medicines Policy

- **Updated Medicines Management Training Programme 2012-13 -** updated with minor revisions.
- **Section 9 – Patient's Own Drugs (PODs)**

The Medicines Policy Section 9 on PODs has been updated with a minor amendment to reflect changes to the requirements for assessment of PODs and to reflect the approval for nursing staff to assess PODs as suitable for use to prevent delayed administration or omitted medicines.

- **Midwives exemptions**

Midwives Exemptions are exemptions from the Medicines Act 1968 which are permitted for midwives. A patient group direction is not necessary for midwives to be able to supply and/or administer without a prescription any of those substances that are specified in medicines legislation under the 'midwives exemptions'. The committee approved the monographs for parenteral medicines that can be supplied under midwife exemptions.

- **Updated Injectables Re-audit 2011**

Following the initial audit in July 2011, the Chief Nurse and Director of Patient Experience and Flow circulated a letter to senior nursing staff to highlight issues and expected improvements. A re-audit was carried out in November 2011 to determine if compliance with the Trust Medicines Policy had improved. Although there was an improvement with double checking standards, the results showed that compliance is still poor with many of the standards. Recommendations for further actions have been discussed with and agreed by the senior nursing team. Senior nursing staff will incorporate audit of injectables practice into their weekly inspections of clinical areas. The committee noted the re-audit results and approved the recommendations.

- **Statin and ACEI vs ARB Audit November 2011**

C&W Trust Formulary will be updated to state the following:

i) Angiotensin II receptor blockers (ARBs) should only be initiated where patients are ACE inhibitor intolerant.
ii) Where an ARB is indicated, losartan will be the agent of first choice
iii) Where patients are initiated on a statin (excluding the HIV directorate and renal patients), the first choice will be a low acquisition cost statin e.g. simvastatin, pravastatin, unless contraindicated
iv) Where a high cost statin e.g. atorvastatin or rosuvastatin initiated, the reason for initiation should be documented in the patient's medical notes or on the electronic patient record.

Monitoring

- Monthly audit of in-patient sample from December 2011 to March 2012. 90% of in-patients initiated on a high cost statin or ARB should have the indication documented in the notes or on Lastword.

6. NICE Guidance November 2011

- **TA 237 – Ranibizumab for the treatment of diabetic macular oedema**

Above item discussed on the agenda – *see item 4*.

7. IVIG Update November 2011

There were 10 IVIG issues in November 2011, with 4 new requests.

8. Items for Noting

The committee noted the following items:

- HIV Drugs Sub-committee Minutes October 2011 List
- Medicines Committee dates 2012 – updated
- NPSA Alert Minimising Risks of Mismatching Spinal, Epidural and Regional Devices with Incompatible Connectors
- NPSA Rapid Response Report - Safer Ambulatory Syringe Drivers Assurance report
- Updated Cancer Drugs Fund List
- New Local Intelligence Network arrangements for North West London
- Request to extend PGD expiry dates for GUM - 2 month extension approved.

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee

- Medicines Committee Summary Notes November

10. Date of the next meeting

Monday 6th of February 2012, 8.00 – 9.00am, Beta cell Seminar Room, Lower Ground Floor. Closing date for papers: Friday 23rd of January 2011