Chelsea and Westminster Healthcare Trust Medicines Committee Summary of Main Points from the Meeting held on the 11th of July 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.

Item 3. April 2011 - Lithium Alert

A hard copy of the Imperial Pathology Clinical Biochemistry action limits and procedure for out-of-range lithium levels was tabled and it was agreed that this was appropriate for lithium. Any queries relating to the document and other clinical biochemistry action limits should be directed to the Pathology Governance group. An electronic copy would be circulated to the committee members.

Item 4. May 2011 - Develop Trust wide guidelines for treatment of Vitamin D deficiency

A Paediatric guideline is available. The adult guideline is in progress.

Item 3. June 2011 – Investigate requirement for Finance and Patient representation at the Trust Medicines Committee

It was agreed that the medical director could fulfil the role as a representative for both the Trust Executive and for the Director of Finance. Access to patient representation is available via the Quality Committee, as required.

Item 4. June 2011 - Proposed standards for the Medicines Policy Audit 2011

The audit standards have been updated

Item 6. June 2011 - NICE TA 220 - Golimumab for the treatment of psoriatic arthritis

Dr Brand has been requested to complete a formulary application for golimumab to treat psoriatic arthritis in line with NICE guidance TA 220.

4. New Medicines Applications

Formulary Applications

Dovobet® gel)

Decision: Approved pending guidance/place in therapy. In-tariff Medicine

Dovobet® gel is licensed for the topical treatment of scalp psoriasis in adults and mild to moderate 'non-scalp' plaque psoriasis vulgaris in adults. Xamiol® (approved in 2009) is on the Formulary for the topical treatment of scalp psoriasis. The hospital cost for 1 x 60g tube of Xamiol® or Dovobet® gel is £40.30. The cost in primary care is £36.50 for the same quantity. The committee noted the various formulary alternatives for the topical treatment of scalp psoriasis and requested further clarification on their place in therapy from the applicant

Ex-Panel Requests

Sodium Chloride 2.7% Polyfusor

Decision: Approved. In-tariff Medicine

Currently, 30% saline is diluted to 3% in an emergency for cerebral oedema. The 2.7% polyfusor is equivalent and requires no calculation. Stock will be kept in Paediatric HDU and Paediatric A&E.

Ethinylestradiol 50microgram tablets

Decision: Approved. In-tariff Medicine

Ethinylestradiol 50microgram tablets are for use in pituitary priming before growth hormone secretion tests in girls (as per BNFc), instead of the 10microgram unlicensed tablets.

• Tripotassium Dicitratobismuthate (DeNoltab) for H. Pylori Eradication (Enclosure 5)

Decision: Approved. In-tariff Medicine

Second line treatment for eradication failure of H. Pylori includes a two-week regimen comprising a proton pump inhibitor + tripotassium dicitratobismuthate +tetracycline + metronidazole as per BNF recommendations

5. Medicines management

• Medicines Management Annual Report 2010-2011

The Medicines Management Annual Report 2010-2011 summarises the activities of committees responsible for the management of medicines at C&W and describes developments throughout the 2010/11 year. It was agreed the report should be amended to add further details about the reduction of work on proton pump inhibitor usage in Section 4. The committee also requested that information on breakdown of medication incidents by severity

Chelsea and Westminster Healthcare Trust Medicines Committee

compared to other Trusts should be included in Section 5 – Medicines incidents and risk reduction.

Non Medical Prescribing and audit of patient experience

A patient satisfaction questionnaire relating to non-medical prescribing collected 234 responses from patients attending Outpatient Clinics including the Urgent Care Centre during the first quarter in 2011/12. Analysis of the responses has shown there is a high level of patient satisfaction with non-medical prescribing in the Trust. The audit highlighted that the majority of patients were advised of possible risks/ side effects and what to do should there be a reaction to the new medication. There were no specific recommendations from the audit. Some comments on the structure of the report would be fed back to the author.

6. NICE Guidance

• NICE TA 227 - Lung cancer (non-small-cell, advanced or metastatic maintenance treatment) - erlotinib (monotherapy)

Erlotinib is not recommended for maintenance treatment in people with locally advanced or metastatic non-small-cell-lung cancer. Erlotinib is included in the interim Cancer Drugs Fund. No further action required.

• NICE TA 226 - Lymphoma (follicular non-Hodgkin's) - rituximab

Rituximab is included in the formulary. The NICE guidance is applicable to C&W and requires the formulary status to be updated.

• NICE TA 225 - Rheumatoid arthritis (after the failure of previous anti-rheumatic drugs) - golimumab (Enclosure 10)

The NICE guidance is applicable to C&W and requires Dr Brand to complete a formulary application.

• NICE TA 224 - Rheumatoid arthritis (methotrexate-naïve) - golimumab (terminated appraisal) (Enclosure 11)

NICE is unable to recommend the use of golimumab for the treatment of methotrexate-naïve rheumatoid arthritis, therefore no further actions required.

7. IVIG Update May 2011

There were 20 IVIG issues in June 2011, with 4 new requests:

- 2 were for myasthenia gravis (blue-selected) indication.
- 1 was for low serum IgG levels following hematopoietic stem cell transplantation (HSCT) for malignancy (red-selected) indication.
- 1was for Kawasaki disease (red) indication.

8. Items for Noting

The following items were noted by the Committee:

• Policy for the Safe Prescribing, Handling and Administration of Cytotoxic Chemotherapy

The above policy was noted and has been updated to reflect changes in the areas where paediatric chemotherapy can be given.

• Action Plan for NPSA Alert: NPSA/2011/PSA003 - The Adult Patients Passport to Safer Use of Insulin The above action plan was noted. The deadline for action is 31st August 2012. Patients on insulin therapy will receive a patient information booklet and an insulin passport

9. Papers to go to the Trust Executive Clinical Governance Committee

The following papers should be sent to the Trust Executive Team – Clinical Governance Meeting:

Medicines Committee Summary Notes June 2011

10. AOB

The committee was asked whether formulary approval was appropriate for Juvederm Ultra 2 which is a non-permanent facial filler. Juvederm Ultra 2 contains sodium hyaluronate and is classified as a medical device. The committee agreed that this should be treated as a medical device rather than a medicine and should be ordered by the Plastics Department.

Date of the next meeting

Monday 12th of September 2011, 8.00 to 9.00 Boardroom. Closing date: Friday 26th of August