Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 11th of July 2012

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the June meeting were approved and will be circulated.

3. Matters Arising

The Committee noted the matters arising from the previous meeting.

4. New Medicines Applications

Additions:

- **Linagliptin**

Decision: Approved. Tariff included Medicine.

Linagliptin is indicated in the treatment of Type 2 Diabetes Mellitus (T2DM) to improve glycaemic control in adults with renal failure where DPP4 is indicated as per NICE guidance. Use will be in accordance with NICE guideline recommendations for DPP4 inhibitors as an additional line of oral therapy prior to insulin initiation.
Linagliptin will be the first choice in those with established renal failure or at high risk of alterations in renal function. Unlike other DPP4 inhibitors, no dose adjustment of linagliptin is required for patients with renal impairment.
The monthly cost of linagliptin is £33.26 for 28 film-coated tablets and is similar to the cost of sitagliptin. There is more experience with prescribing sitagliptin, so newer DPP4 inhibitor, linagliptin, will not replace it, although this may change in the future. Linagliptin is included in the NWL Integrated Formulary.

- **Ranolazine**

Decision: Approved. Tariff Included Medicine.

Ranolazine is indicated for add-on therapy in the symptomatic treatment of adult patients with stable angina pectoris who are inadequately controlled on or intolerant to first-line anti-anginal agents (e.g. beta-blockers and/or calcium channel antagonists). The use of ranolazine is supported by the NICE guideline for stable angina after beta-blockers and calcium channel antagonists have been considered. Ranolazine has the advantage that there is no clinically significant effect on heart rate or blood pressure. This is particularly useful in combination with a beta-blocker and/or calcium channel antagonist.
Ranolazine costs £58.78 in hospital and £58.78 in community. GPs would be requested to titrate doses, continue further prescriptions and follow-up. Ranolazine is included in the NWL Integrated Formulary.

- **Daptomycin**

Decision: Approved. Tariff Included Medicine.

Daptomycin is indicated for complicated skin and soft tissue infection (cSSTI), treatment of known or suspected right-sided infective endocarditis (RIE) due to *S.aureus* and *S.aureus* bacteraemia when associated with cSSTI or RIE.
Daptomycin will be prescribed on the advice of Medical Microbiology only, based on available microbiology cultures and antibiotic sensitivities and clinical presentation of patient. Typical treatment length for a *S.aureus* bacteraemia without a deep source of infection would be 2 weeks. Daptomycin is anticipated to be used in approximately 6 patients per annum.
The cost per 14 day course x 350mg is £1,036 and the cost per 14 day course x 500mg is £1,484.

- **Tapentadol**

Decision: Not approved.

Tapentadol film coated tablets are licensed for the relief of moderate to severe acute pain in adults, which can only be adequately managed with opioid analgesics. Tapentadol prolonged release tablets are licensed for the management of severe chronic pain in adults, which can only be adequately managed with opioid analgesics. Tapentadol is requested as a 3rd line agent for acute pain management in adult hospital inpatients requiring strong opioids, who are intolerant, allergic or experiencing sub-optimal pain management with morphine and/or Oxycodone. It would be restricted for prescribing, by or on the advice of the acute pain team. For the anticipated 10 patients per year, the predicted cost to the Trust is approximately £200 (based on 10 patients requiring 4/7 slow release tablets and up to 7/7 of immediate release tablets). It was agreed that rather than adding to the Formulary, the prescribing of tapentadol should be trialed in approximately 10 patients. The request should be resubmitted in 12 months, if reapplication for formulary status is felt appropriate upon completion of the trial.

Ex-panel Additions – Individual Funding Request

- **Rituximab for hyperhaemolysis syndrome**

Rituximab for hyperhaemolysis syndrome. The Committee noted and approved this individual funding request.

5. Medicines Management / Medicines Policy

- **Section 15 - Clinical Trials**

This section has been updated to reflect the current nomenclature of regulatory compliance directives and their content including the use of 'Investigational Medicinal Products'. The contact details have been updated with new URL for National Research Ethics Service that now sits outside the NPSA. Notification of adverse drug reactions to the Principal and Sponsor where appropriate has been updated. This section was approved pending comments from Ruth Bateson, Head of Regulatory Compliance, St. Stephen's Aids Trust (SSAT).

- **Section 22 - Non-Medical Prescribing**

Approved. This section has been updated to reflect changes to legislation for Controlled Drugs Schedules 2 and authorisation for prescribing by pharmacist independent and nurse independent prescribers. There are minor changes to appendices as a result of removal of Appendix 22.3 'Controlled Drugs Prescribable by Independent Nurse Prescribers'.

- **Medicines Management Training Programme**

Approved. The above programme has been updated to incorporate changes suggested in the Mandatory Training Committee (MTC).

- **Proposed standards for the Medicines Policy Audit 2012**

Approved. The standards for the Medicines Policy audit have been updated to reflect 2011 feedback and NHSLA standards that require demonstration of accuracy of prescription charts. The revised standards were approved.

- **Trust Medicines Policy Equality Impact Assessment**

Approved. An Equality Impact Assessment (EIA) has been undertaken and drafted to ensure the Trust Medicines Policy does not discriminate against disadvantaged/vulnerable groups. The main section of concern is the *Appendix: In-patient procedure for self-administration of medicines* which was assessed in greater detail. All other sections do not directly affect patients. The report has been reviewed by the Trust EIA Lead (Priti Bhatt).

- **Updated list of Non-medical Prescribers**

Approved. The Trust Register of Non-Medical Prescribers has been updated.

- **IV Administration Guide monograph - Levetiracetam**

Approved. A monograph for Levetiracetam in the Trust IV Administration Guide has been compiled for inclusion in the Trust IV administration guide.

7. IVIG Update May 2012

There were 8 IVIG issues in June 2012, with 3 new requests:

One was for idiopathic thrombocytopenic purpura - adult (red-selected indication)
One was for post-transfusion hyperhaemolysis (blue-selected indication)
One was for haemophagocytic syndrome (blue-selected indication)

8. Items for Noting

- **2011-2012 Medicines Related CQUINs Performance Report: NWL Integrated Formulary Adherence Quarter 1 results**

The Committee noted the above item and the Q1 CQUIN target performance of 92.7% which is above the minimum target of 90%.

- **2011-2012 Medicines Related CQUINs Performance Report: ACEi/ARB & Statin Audit - Quarter 1 results**

The Committee noted the above item and 100% compliance with the CQUIN target standards for Q1 2012-2013

- **PGD Tracker review**

The Committee noted the above item.

- **Medicines Audits Summary 2011-2012**

The Committee noted the above item.

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee

- Medicines Committee June 2012 Summary Notes

11. Date of the next meeting

Monday 10th of September 2012 8.00 – 9.00 Board Room, Lower Ground Floor
Closing date for papers: Friday 17th of August 2012