

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 11th March 2013

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the February 2013 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:

Levosimendan 2.5mg/ml infusion

Decision: Approved. Tariff Included Medicine.

Levosimendan is an unlicensed drug indicated as a 3rd line treatment option for the management of:

- Septic shock with low cardiac output
- Acute respiratory failure with low cardiac output and high requirement of noradrenaline
- Cardiogenic shock and sepsis
- As a bridge in patients with low cardiac output awaiting invasive cardiovascular procedure in an attempt to stabilisation prior to transfer to a cardiac centre.

It will be limited to consultant initiation on ITU.

Dexmedetomidine 100mcg/2ml infusion

Decision: Approved. Tariff Included Medicine.

Dexmedetomidine is indicated for sedation of adult ICU (Intensive Care Unit) patients requiring a sedation level not deeper than arousal in response to verbal stimulation (corresponding to Richmond Agitation-Sedation Scale (RASS) 0 to -3). It will be limited to consultant initiation on ITU. It is intended to be used as a 3rd line agent with clonidine in patients who are difficult to wean and for whom co-operative levels of sedation are required.

Fentanyl (Effentora[®]) (100, 200, 400, 600 and 800mcg) buccal tablets

Decision: Approved. Tariff Included Medicine.

Effentora[®] is indicated for the acute pain management of adult hospital in-patients who require fast acting analgesia who may not be suitable for other short acting opioids. Effentora[®] will replace Abstral[®] (Fentanyl Sublingual Tablets) for use in Burns, Surgery and Palliative Care. Switching formulations will result in a cost saving of approximately £9k per annum.

Dapagliflozin 5mg and 10mg tablets

Decision: Approved. Tariff Included Medicine. Not included on the NWLIF

Dapagliflozin is indicated for the management of Type 2 Diabetes Mellitus in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. It will be limited to consultant initiation. This drug is under NICE review and based on the low numbers likely to be treated, will not be forwarded to the NWLIF panel for consideration before NICE Guidance is made available.

Ex-panel

Rifaximin 550mg tablet

This will replace the 200mg tablet which is being used off license for hepatic encephalopathy.

Removals

Testosterone (Andropatch) 5 and 10mg

This has been discontinued by the manufacturers. The Lead Pharmacist for HIV/GUM will review use of an alternative formulation in their area which is likely to be unlicensed

5. NICE Guidance on developing and updating local formularies

Decision: Approved

Following the undertaking of the gap analysis which was presented at the Medicines Committee meeting February 2013, an action plan has been compiled detailing the actions that will be undertaken to ensure processes meet the recommended standards detailed in the guidance.

Trust Medicine Policy - Section 19. The formulary

Decision: Approved

Updated in line with the NICE Guidance to include the following:

- Declaration of interest by panel members
- Application of standard criteria for decision making.
- Implementation of an appeals process.

To be forwarded with the updated Terms of Reference to the HIV/GUM Drugs Sub-Committee for approval in relation to the appeals process.

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6. Medicines Management and Medicines Policy

• Trust Medicine Policy – Section 6: Controlled Drugs (CDs)

Decision: Approved

Updated to include a proposal to treat morphine sulphate 10mg/5ml (Oramorph®) as a schedule 5 CD. Oramorph® is legally classified as a Schedule 5 CD in which case requisitioning, registering and prescription writing requirements do not apply. Traditionally this has been treated as a Schedule 2 or 3 CD in the Trust.

As a result of this proposal Oramorph® will still be requisitioned and stored in a CD cupboard. There will no longer be a requirement to record receipts and issues in the CD register. As it will not be classed as a Scheduled 2 or 3 CD, it will not require a double check at the point of administration. It is hoped that these changes will reduce delays at administration and that continuing to maintain ordering and safe storage requirements will reduce the potential for misuse. These changes have been approved by the Chief Pharmacist and Trust Accountable Officer for Controlled Drugs. A memo will be drafted for circulation to all clinical staff on wards/department informing them of this change to practice. .

• Trust Medicine Policy – Appendix: Supply of take-home medicine packs by nurses/midwives from ward cupboard

Decision: Approved

This has undergone a scheduled review and update.

7. NICE Guidance

Nice Guidance February 2013

• TA271 – Fluocinolone for chronic diabetic macular oedema

Fluocinolone acetonide intravitreal implant is not recommended for the treatment of chronic diabetic macular oedema considered insufficiently responsive to available therapies.

• TA272 – Vinflunine for metastatic transitional cell carcinoma

Vinflunine is not recommended within its marketing authorisation for the treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract that has progressed after treatment with platinum-based chemotherapy.

• TA273 – Tadalafil for symptoms associated with BPH

NICE is unable to recommend the use in the NHS of tadalafil for the treatment of symptoms associated with benign prostatic hyperplasia because no evidence submission was received from the manufacturer of the technology.

The Committee noted the above NICE guidance

8. IVIG Update

The Panel noted the IVIG report.

There were 4 IVIG issues in February 2013, with no new requests.

One issue from January to treat paraneoplastic syndrome (Grey indication) which was approved locally has not been funded by the PCT. Funding will therefore be covered by the Trust.

Neurology and Haematology Department have agreed to use Privigen® 10% IVIG therapy as the first line IVIG brand. This will replace Kiovig® as the current first line agent from 01/06/2013. All patients established on Kiovig® will be switched to Privigen®

Note:

- o Privigen® 10% is not licensed for multifocal motor neuropathy – for these cases Kiovig® will continue to be used.
- o Kiovig® will be reserved for intolerance to Privigen® and any specific requests.
- o Privigen® has a longer infusion time compared to Kiovig® - 84 minutes longer.
- o Vigam will be reserved for long-term patients established on IVIG therapy.

Privigen® will cost £27.90 per gram compared to Kiovig® which currently costs £34.50 per gram. This will result in a cost saving of approx. £70,000 per annum.

9. Items for Noting

• 2012-2013 Medicines Related CQUINs Performance Report: NWL Integrated Formulary Adherence Quarter 3 results

Noted. The compliance rate for January 2013 was 97.4%.

• 2012-13 Medicines Related CQUINs Performance Report: ACEi/ARB and Statin audit

Noted. The compliance rate for January 2013 was 100%

• Drugs Sub-Committee meeting minutes: Oct 2012

Noted

• Drugs Sub-Committee meeting minutes: Nov 2012

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Noted

- **Drugs Sub-Committee meeting minutes: Jan 2013**

Noted

- **Local Chemotherapy Group meeting minutes: Jan 2013**

Noted

- **MHRA Drug Safety Update: Jan 2013**

Noted

- **MHRA Drug Safety Update: Feb 2013**

Noted

10. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee:

- Medicines Committee February 2013 Summary Notes

11. Date of the next meeting

Monday 8th April 2013, 8.00 – 9.00 Boardroom, Lower Ground Floor.

Closing date for papers: Friday 15th March 2013