Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 12th November 2012

2. Minutes and Summary Notes from last meeting
The Minutes and Summary notes from the October 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:

- **Indacaterol (Onbrez Breezehaler®)**

Decision: Approved. Tariff Included Medicine. Included on NWLIF
Onbrez Breezehaler® is indicated for maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD). It is a long acting B2 agonist licensed for once daily administration. It will be limited to consultant initiation for patients who require monotherapy but are unable to receive salmeterol/formoterol. There is also potential for indacaterol to be added to tiotropium for those patients for whom inhaled corticosteroids via a combination inhaler are not appropriate.

- **Estradiol hemihydrate Vaginal Ring (Estring®)**

Decision: Approved. Tariff Included Medicine. Included on NWLIF
As a hormone replacement therapy option for atrophic vaginitis (Due to oestrogen deficiency) in postmenopausal women.

- **Estradiol valerate (Qlaira®)**

Decision: Provisionally Approved. Tariff Included Medicine. Not included on NWLIF
For the treatment of heavy menstrual bleeding without organic pathology or for the management of pre-menstrual syndrome (unlicensed indication) in women who desire oral contraception. A decision of provisional approval was granted on the condition that the application will be forwarded to the NWL integrated formulary panel for consideration. Providing integrated formulary approval is granted and there is a provision for continued supplies, this will continue to be included on the local formulary.

- **Duraphat® toothpaste**

Decision: Approved. Tariff Included Medicine. Not included on NWLIF
For the prevention of dental caries in adolescents and adults. This is currently included on the National Dental Practitioner's Formulary and approval was granted with the understanding that continued supplies will be undertaken by dentists.

- **Artemether & Lumefantrine (Riamet®)**

Decision: Approved. Tariff included Medicine.
For the treatment of acute uncomplicated malaria where the infection is mixed or where the species is unknown in adults and children > 5kg and above. This is currently recommended by the WHO and HPA.

Individual funding requests

- **Pemetrexed**

For 4th line treatment of metastatic breast cancer with carboplatin where no other NICE approved options were appropriate.

Ex-Panel

- **Dermalo® Bath Emollient**

Decision: Approved. Tariff Excluded Medicine
As a 1st line emollient in adult patients in line with the NWL Integrated Formulary.

Discontinuations:

- **Prednisolone 25mg tablets**

As a drug cost saving initiative. (The price differential is 64p for 1 x 25mg tablet and 4p for 5 x 5mg tablets resulting in an anticipated cost saving of 7.6k per annum). The Oncology Team will be asked to feedback if patients are finding pill burden over challenging.

Feedback from the NWL Integrated Formulary Panel 25/10/2012

- **Evra - Ethinylestradiol + norelgestromin transdermal patch (Approved)**

This was approved by C&W Medicines Committee and a request forwarded to the NWLIF Panel which was held on the 25th of October 2012. GPs present felt that it was useful to have patches available as an option for women who were reluctant to use any other form of hormonal contraceptive. As Evra has been on the market since 2002, they did not think that adding it to the IF would result in a large cost pressure so it was agreed to be added to the IF.

NWL Integrated Formulary Panel Meeting Red List Changes 25/10/2012

- **Dabigatran and rivaroxaban - red list status removed**

It was confirmed that the red list status of dabigatran and rivaroxaban would be removed. There was a lengthy discussion

as to where and how these agents should be initiated which was minuted as follows (Note: IF = Integrated Formulary):

"*Dabigatran and rivaroxaban would be removed from the red list. The IF would be annotated with CCGs' preferences for where the 'which anticoagulant?' discussion recommended in NICE's TAs on atrial fibrillation (AF) should take place. Five of the eight NWL CCGs expressed a preference for the discussion to take place outside hospital. Beryl Bevan would ask the NWL Cardiovascular Network to add a date to its guidance on antithrombotic treatment in AF."*

Although 5 CCGs indicated a preference for the discussion to take place outside hospital, the general consensus at the meeting was that the clinician diagnosing the new indication for anticoagulation was best placed to have this discussion about choice of agent, whether in primary or secondary care.

- **Revised C&W Formulary Approval for Dabigatran and rivaroxaban**

Following the change in red list status and the decision of the NWL IF panel, the Medicines Committee agreed to remove the formulary restrictions on dabigatran and rivaroxaban to allow for prescribing by any clinician in line with NICE Guidance and provided there is documentation of the discussion with the patient around the choice of anticoagulant and the reason for choosing one of the new agents. This information should be provided to the GP who could now be asked to continue prescribing. There may be problems initially in transferring care as it might take time for the NWLIF panel decision to be disseminated and filter through to all GPs in NWL. DL would inform C&W Prescribers of the change in red list and formulary status.

As these new anticoagulants are not without risk – SP will disseminate a fact sheet for prescribers which will detail dosing adjustments required in renal impairment, contraindications due to existing treatment (e.g. contraindication with antiretrovirals and some anti-fungals) etc. This information will also be covered in a grand round session in December. SP also has a list of existing patients (38) that need to be repatriated to GPs and will contact Dr Morgan and Haematology to organise this.

5. Medicines Management / Medicines Policy

- **MP Section 14 - Reporting of adverse incidents**
  Updated at the Trust Risk Management Committee September 2012 to reflect that interventions made by pharmacists do not automatically need to be reported as a clinical incident but monitored in line with pharmacy department processes. This update was approved.

- **Changes to**
  a) MP Section 8 - Administration of medicines and MP
  b) Appendix - Trust Policy for the prescribing, preparation and administration of injectable medicines
  Updated following a recommendation made at an incident review panel meeting in response to a clinical incident involving the over infusion of GTN on a medical ward. A double check should occur when the rate of an infusion is altered or a syringe change is performed during a continuous infusion. Further clarification required on the location of documentation of this second check. These changes were approved.

- **Pharmacy Clinical Intervention Report 2012**
  A summary of the Report on the Pharmacy intervention audit undertaken in September 2012 was provided. The report and recommendations were noted by the committee.

- **Regadenoson IV Monograph**
  A new monograph for regadenoson for inclusion in the Trust IV administration guide has been drafted and was approved for use.

6. NICE Guidance October 2012

Nice Guidance October 2012 – noted – both agents are available on the C&W formulary for Prescribing inline with NICE Guidance

- **TA264 - Alteplase for treating acute ischaemic stroke**

Alteplase is recommended within its marketing authorisation for treating acute ischaemic stroke in adults if:

- Treatment is started as early as possible within 4.5 hours of onset of stroke symptoms and intracranial haemorrhage has been excluded by appropriate imaging techniques.

- **TA265 - Denosumab for the prevention of skeletal-related events in adults with bone metastases**

NICE recommends denosumab as a possible treatment for preventing complications that result from cancer spreading to the bone from solid tumours, except for prostate cancer, if the person would otherwise be prescribed a bisphosphonate.

7. IVIG Update September 2012

There were 7 IVIG issues in September 2012, with 1 new request noted by the committee:
One new request was for idiopathic thrombocytopenic purpura - adult (Red indication).

8. Items for Noting

- **2011-2012 Medicines Related CQUINs Performance Report: NWL Integrated Formulary Adherence Quarter 2 results**
  Noted.
- **HIV Drugs Sub-committee Minutes (August 2012)**
  Noted
- **Controlled Drug Occurrence Report Q1 (with addendum) and Q2**
  Noted
- **Medical Device Alert re Chlorhexidine**
  Noted
- **BNF Update October 2012**
  Noted. This will be included in the Medicines Committee papers monthly and circulated by Trust wide e-mail to all staff. TP volunteered to investigate whether an e-mail list of medical and non-medical prescribers could be obtained to target the circulation
- **Pre-registration Pharmacist Audits 2012**
  These audits and recommendations were noted.

9. Papers to go to the Trust Quality Committee

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

- Medicines Committee October 2012 Summary Notes
- Controlled Drug Occurrence Reports Q1 and Q2
- Clinical Pharmacy Intervention Report 2012
-

10. AOB

The Trust *Policy for the Safe Dispensing, Labelling and Administration of Vinca Alkaloids* was approved by Chairman's action.

11. Date of the next meeting

Monday 12th November 2012 8.00 – 9.00 Board Room, Lower Ground Floor
Closing date for papers: Friday 19th October 2012