Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 10th September 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:

- **Artiss® Fibrin sealant**

Decision: Approved. Tariff excluded Medicine

Artiss® is indicated for use as a tissue glue (in the form of a spray) to decrease haematoma and improve graft take. Artiss® is approved for prescribing by consultant only for use in paediatric patients where the transfer of the patient to theatre for the removal of staples is impractical. Artiss® must be stored <-20°C and will therefore be stocked in Pharmacy with requests made in advance. Artiss® is anticipated to be used in <5 cases per month. Anticipated annual cost: £6,825 (based on 50 patients requiring 1 x 2ml vial and 10 patients requiring 1 x 4ml vial).

Unlicensed medicines requests

- **Efra® Thyroid for hypothyroidism unresponsive to thyroxine**

The Committee noted and approved the use of Efra® Thyroid for a patient with hypothyroidism intolerant of synthetic thyroxine and unresponsive to Armour thyroid.

Other

- **Humulin I KwikPen®**

The Committee approved the addition of Humulin I KwikPen® to the formulary as a human basal insulin in a pre-filled pen device.

- **Fosaprepitant**

The Committee approved the addition of fosaprepitant to the formulary. Fosaprepitant is approved by NWLCN for use in highly emetic chemotherapy protocols. It is administered as a single dose and there is no cost difference in comparison with aprepitant. It will supersede aprepitant on the formulary.

- **Kelo-Cote® UV**

The Committee approved the addition of Kelo-cote to the formulary. This is a similar product to Kelo-cote® with the additional benefit of containing SPF 30 with additional cost. This will supersede Kelo-cote® on the formulary.

- **Forceval® (soluble tablets)**

The Committee approved the addition of Forceval® (Soluble tablets) to the formulary for vitamin and trace element supplementation in patients where the swallowing of solid oral dosage forms is difficult or inappropriate e.g. Bariatrics and Elderly care.

Removals

- **Vagifen® 25microgram vaginal tablets**

The Committee approved the removal of Vagifem® 25microgram vaginal tablets as these will be discontinued by the manufacturer by December 2012 in favour of the lower dose 10mcg tablet formulation. The Committee approved the addition of Vagifem® 10microgram vaginal tablets to replace the 25mcg tablets.

- **Alphosyl HC® Cream**

The Committee approved the removal of Alphosyl HC® Cream as this is soon to be discontinued by the manufacturer.

5. Medicines Management / Medicines Policy

- **Medicines Policy: Section 21 – Patient Group Directions**

Approved. This section has been updated to reflect changes to legislation for Controlled Drugs Schedules 2 and authorisation for prescribing by pharmacist and nurse independent prescribers.

- **Medicines Policy: Section 2, 3 and 8 – Medicines Policy. Prescribing, Ordering & Supply, Administration**

These sections were updated to support Trust compliance with NPSA Alert "The adult patients' passport to safer use of insulin" (Approved). Changes were also made to ensure medicines management within the newly established MSK (Physiotherapy profession led service) is within the Trust Medicines Policy scope. DR would revisit the terminology used to cover all Allied Healthcare Professionals who may undertake these tasks in the future. (Approval pending review).

- **Medicines Policy Audit 2012**

Overall, the results show that there was very good compliance with almost all aspects of the Medicines Policy. Of the 21 standards audited, 95% (n=20) scored 80% or greater compliance. Where scores were calculated using electronic charts

only, a total of 14 out of 15 prescribing standards scored 100% and the remaining 1 scored 99%. 3 out of 5 controlled drug (CDs) standards scored 100%.
Actions include:
a) Reviewing and updating the paper medication administration chart used on Burns ITU and ITU
b) Working with nursing/midwifery leads to improve documentation when CDs including PCAs are destroyed at ward level.
c) Feedback to be provided to the Medicines Committee when all audit actions are completed.

- **Out-patient and Day case medication chart**

The Committee approved the use of the newly drafted medication administration chart for use in the out-patient and day case setting.

- **Prucalopride audit May 2012**

Overall, the results showed good compliance with NICE Guidance. All patients were female. Of the patients who were reviewed, all had previously tried at least 2 laxatives from a different class. 92% of patients had been prescribed treatment by a gastroenterologist. 82% of the patients reviewed had been previously seen by the consultant who had initiated treatment in at least one previous out-patient clinic. Only 36% of patients had their treatment reviewed after 4 weeks.
Actions include:

a) Prescribing doctors to be asked to record doses and duration of laxatives to facilitate future audit.
b) Gastroenterologists to ask GPs to undertake a review at 4 weeks on account of the current pressure on out-patient appointments.

- **Trust register of non-medical prescribers (August 2012)**

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

- **List of potassium containing IV fluids (August 2012)**

Approved. The list of potassium containing IV fluids stocked at C&W pharmacy has been updated.

6. NICE Guidance July 2012

- **TA261 Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism**

Rivaroxaban is recommended as an option for treating deep vein thrombosis and preventing recurrent deep vein thrombosis and pulmonary embolism after a diagnosis of acute deep vein thrombosis in adults.
Guidelines to be drafted and presented at the next Medicines Committee meeting.

7. IVIG Update July 2012

There were 12 IVIG issues in July 2012, with 4 new requests:

- One was for multifocal motor neuropathy (blue indication)
- One was for adult HIV-associated thrombocytopenia (blue indication)
- One was for haemophagocytic syndrome (blue indication)

One was for toxic epidermal necrolysis (red indication)

8. Items for Noting

- **HIV Drugs Sub-committee Minutes (May 2012)**
  The Committee noted the above item.
- **HIV Drugs Sub-committee Minutes (June 2012)**
  The Committee noted the above item.
- **Local Chemotherapy Group minutes (May 2012)**
  The Committee noted the above item.
- **Local Chemotherapy Group Meeting minutes (August 2012)**
  The Committee noted the above item and recent implementation of electronic prescribing system ARIA.
- **2011-2012 Medicines Related CQUINs Performance Report: ACEi/ARB & Statin Audit (Quarter 1)**
  The Committee noted the above item and the 100% compliance rate with this CQUIN.
- **Medicines Reconciliation audit (June 2012)**
  The Committee noted the above item and the 72% medicines reconciliation rate. CQUIN.
- **Controlled Drug Report Q1 2012-13 & AO report (Quarter 1)**
  The Committee noted the above item.
- **NWL Prescribing Policy (inc. Red List) (June 2012)**
  The Committee noted the above item.
- **Medicines Committee - Application form (August 2012)**
  The Committee noted the above item.
- **Medicines Committee - Terms of reference (August 2012)**
  The Committee noted the above item.
- **PGD Tracker (August 2012)**

The Committee noted the above item and approved 3 month extension requests for PGDs 2010, 2012, 2015, 2016.

Additional papers

- **Innovation Health and Wealth (Publication of NHS Formularies)**
- **Medicines Policy: Section 19. The Formulary**
  Approved. This section has been updated in response to the IHW publication

In response to *Innovation Health and Wealth: Accelerating Adoption and Diffusion in the NHS* (IHW) which was published Dec 2011, and following a review of Formulary processes, the following action has been taken to update the Medicines Policy *Section 19. Formulary* to state:

"*Relevant, clinically appropriate, NICE Technology Appraisal (TAG) recommendations are incorporated automatically into the Trust Formulary. The Formulary Pharmacist will liaise with the Lead Clinician following publication of the guidance and assist them to complete the Formulary Application form prior to the next Medicines Committee. Inclusion is therefore noted at the next Medicines Committee meeting, following publication of the guidance. This process will take place within 90 days to support compliance with the 3 month funding direction and the NHS constitution ensuring that these medicines are available for clinicians to prescribe should they choose to, in a way that supports safe and clinically appropriate practice"*.

Note: If the NICE TA is relevant/clinically appropriate to the patient groups at C&W, an application form is still required, for noting by the Committee, to describe:

- How many patients are likely to be treated per year
- The cost impact to the hospital or to primary care
- If tariff excluded, the process for obtaining funding e.g. whether preapproved or an Individual Funding Form is required (as confirmed by the PCT representative on the Medicines Committee)
- For injectables, to carry out an injectables risk assessment
- Proposed arrangements for continuing care in the community etc

- **Ticagrelor**

Decision: Approved. Tariff excluded Medicine

When NICE TA 236 was first published in October 2011, due to the limited cardiac practice at C&W, our cardiologists did not feel it was relevant to add ticagrelor to our Trust Formulary. If it was required, they would have requested it on a non-formulary basis or one-off basis. We have discussed this again with our cardiologists who say they may have the occasional need to use ticagrelor, so it should be added to the Trust Formulary. Ticagrelor is included in the NWL integrated Formulary.

As defined by the NICE guidance, ticagrelor in combination with low-dose aspirin is recommended for up to 12 months as a treatment option in adults with acute coronary syndromes (ACS) including those:
- with ST segment elevation myocardial infarction (STEMI)
- with non-ST-segment-elevation myocardial infarction (NSTEMI)
- admitted to hospital with unstable angina

- **North West London Integrated Formulary new drugs panel**

The Committee noted the recently published guidance on how to request a drug to be included on the NWL Integrated Formulary. Requests from hospital consultants should come via the local Medicines Committee usual request form and the drug should already be included on the local Trust formulary.

- **Automated ward medicine stock cabinets and pharmacy controlled drug cabinets**

The Committee noted the pilot opportunity relating to automated ward medicine stock cabinets on AAU and an automated controlled drug cabinet in pharmacy.

- **Direct Ward distribution of ward stock medicines by a pharmaceutical wholesaler**

The Committee noted a pilot opportunity relating to the direct distribution of ward stock medicines by a pharmaceutical wholesaler.

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee:
- Medicines Committee July 2012 Summary Notes
- Quarterly controlled drug report Quarter 1
- Medicines Policy: Section 19. The Formulary in response to the IHW publication.

11. Date of the next meeting

Monday 8th October 2012 8.00 – 9.00 Board Room, Lower Ground Floor
Closing date for papers: Friday 14th September 2012