Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 10th December 2012

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the November 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:

- **Drospirenone/Ethinylestradiol 3mg/30mg (Yasmin®)**

Decision: Approved for continuation of contraceptive care. Tariff Included Medicine. Included on NWLIF

Drospirenone/Ethinylestradiol 3mg/30mg (Yasmin®) is indicated for continuation of contraceptive care for established users of Yasmin® who are unable to gain timely access to GP services for repeat prescriptions or may not be registered with a GP.

The inclusion of Yasmin® will allow the Family Planning service to offer a broader range of contraceptive choice to those who have experienced unwanted side effects to other oral contraceptives and to continue supply to patients established on Yasmin® who may be without contraception until they can gain access to GP services.

The committee noted the increased risk of venous thromboembolism with the use of drospirenone-containing pill. KC informed the committee patients would have a clinical risk assessment completed.

Individual funding requests

- **Eltrombopag (Revolade®) Decision: Approval noted. Tariff excluded. IFR required.**

The committee noted the approval for the above IFR for Eltrombopag in Hepatitis C cirrhosis with thrombocytopenia, previously treated unsuccessfully with interferon and ribavirin. This is a tariff excluded medicine and an IFR is required for funding.

NWL Integrated Formulary (NWLIF) New Drugs Panel Feedback

Fesoterodine was not approved for inclusion for the NWLIF due to the limited benefit over placebo and because it is metabolised to 5-hydroxymethyl tolterodine which is its main active pharmacological principle. It was noted that drug tariff price of tolterodine is due to drop as it becomes available as a generic; perhaps to below 20% of the current price. MB to write to the Urologists and Urogynaecologists to inform them of the NWLIF panel decision and that the outcome of this decision is that C&W prescribers can choose from one of the following options:

1. Stop initiating fesoterodine and use an alternative option if appropriate e.g. solifenacin if they have already tried tolterodine.
2. If they still wish to initiate fesoterodine, undertake to provide repeat prescriptions from hospital.

In the future, when a medication that is in the C&W formulary is not approved by the NWLIF panel, the outcome will be discussed (verbal or written) with the requesting prescriber. The requesting prescriber may apply to the Medicines Committee if they wish to present new evidence or if further discussion is required.

Ibandronic acid was approved for the licensed indication of reduction of bone damage in patients with breast cancer and bone metastases.

Rifaximin was not approved for addition to the NWLIF. It is indicated for hepatic encephalopathy (unlicensed indication of a licensed product) and prescribing will remain with the initiating prescriber in secondary care. It is expected to be licensed within a few months and NICE Guidance is due in March 2013.

5. Medicines Management / Medicines Policy

- **MP Section 1 - Introduction**

Updated to include that audit of how medication errors are reported is conducted through pharmacy clinical intervention audits. The updated section was approved.

- **MP Section 10 - Discharge Medicines**

This section was reviewed and updated in line with new EPR discharge summary with updated information when the following are prescribed on discharge; on oral anticoagulants and cytotoxics. The updated section was approved.

- **MP Appendix – Controlled Drugs Governance Arrangements**

This section was reviewed and updated to include the new Local Intelligence Network arrangements and Accountable Officer details.The Committee agreed that Dr Mike Anderson will remain as the Accountable Officer and member on the Pharmacoeconomic Board until the Medical Director replacement is in post. The updated section was approved.

- **Front Page for Trust Medicines Policy Sections**

The front page has been compiled in line with Trust Policy for non-clinical policies for appropriate document management. The new front page was approved.

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- **Medicines Committee Application Form**

The above has been updated to include instructions relating to the forwarding of applications to the Medicines Committee Secretary and evidence to support application should be in the form of double blind randomised controlled clinical trials. The updated application form approved.

- **Medicines Committee - Terms of Reference December 2012**

Updated to include new PGD Lead. The Terms of reference were approved.

- **PGD Tracker November 2012**

Updated as of November 2012. This was noted.

6. NICE Guidance October 2012

- **TA266 – Mannitol dry powder for inhalation for treating Cystic Fibrosis**

Mannitol dry powder for inhalation is recommended as an option for treating cystic fibrosis in adults:

- who cannot use rhDNase because of ineligibility, intolerance or inadequate response to rhDNase **and**
- whose lung function is rapidly declining (forced expiratory volume in 1 second [FEV_1] decline greater than 2% annually) **and**
- for whom other osmotic agents are not considered appropriate

This NICE Guidance was noted. Action: To confirm whether this needs to be added to the C&W Formulary.

- **TA267 – Ivabradine for chronic heart failure**

Ivabradine is recommended as an option for treating chronic heart failure for people:

- with New York Heart Association (NYHA) class II to IV stable chronic heart failure with systolic dysfunction **and**
- who are in sinus rhythm with a heart rate of 75 beats per minute (bpm) or more **and**
- who are given ivabradine in combination with standard therapy including beta-blocker therapy, angiotensin-converting enzyme (ACE) inhibitors and aldosterone antagonists, or when beta-blocker therapy is contraindicated or not tolerated **and**
- with a left ventricular ejection fraction of 35% or less

The Committee noted the above NICE guidance. Ivabradine is already in the C&W Formulary and the formulary approval status will be updated.

7. IVIG Update September 2012

The Panel noted the IVIG report. There were 9 IVIG issues in November 2012, with 4 new requests for:

- One was for Kawasaki disease (red indication)
- Two were for Haemolytic disease of newborn (red indication)

One was for Chronic inflammatory demyelinating polyradiculoneuropathy (red indication)

8. Items for Noting

- **Novel Oral Anticoagulants Guidance: Dabigatran and Rivaroxaban**

The committee noted the above item.

- **Injectables Audit Summary Sept 2012**

The committee noted the above item.

- **Dates for Medicines Committee 2013**

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 November 2012 Summary Notes

10. AOB

- **Dr. Mike Anderson's resignation (MB)**

In view of MA's resignation as Medical Director, he will be asked if he will retain the following roles until his replacement starts:

1. Medicines Committee member
2. Pharmacoeconomics Board member
3. Accountable officer role.

If he will not be covering until his replacement starts, he will be asked to nominate an interim person to cover these important roles.

11. Date of the next meeting

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Monday 11th February 2013 8.00 – 9.00 Board Room, Lower Ground Floor
Closing date for papers: Friday 18th January 2013