

**Chelsea and Westminster Hospital NHS Foundation Trust**  
**Trust Medicines Committee**  
**Summary of Main Points from the Meeting held on the 8<sup>th</sup> October 2012**

**2. Minutes and Summary Notes from last meeting**

The Minutes and Summary notes from the September 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:**

• **HPV Vaccine (Gardasil<sup>®</sup>)**

**Decision: Approved. GUM & Gynaecology – Private prescriptions only or additional private care “top-up” in addition to standard GUM NHS Services**

Gardasil<sup>®</sup> is indicated for use as a vaccination from the age of 9 years (Max age Females: 45 years; Max age Males: 26 years) for the prevention of:

– Premalignant genital lesions (cervical, vulvar and vaginal) and cervical cancer causally related to certain oncogenic HPV types

– Genital warts (condyloma acuminata) causally related to specific HPV types

The use of this drug will fall outside the DH vaccination programme and therefore it will be prescribed privately and patients will self-pay for Gardasil as a “top-up” in addition to standard genito-urinary medicine (GUM) services provided by Chelsea & Westminster NHS Trust. The treatment sub-group for GUM is expected to be males who are requesting vaccination against external genital warts (condyloma acuminata) causally related to specific HPV types.

Divisions will need to agree a pricing strategy for private prescriptions to ensure consistency including collection of administration costs and whether patients will pay for 3 doses in advance. Dr Zoe Penn (Divisional Medical Director) has been informed of the request as there may an intention to use it in Gynaecology in the future.

• **Ethinylestradiol/norelgestromin patches (Evra<sup>®</sup>)**

**Decision: Approved. Tariff Included Medicine**

Evra<sup>®</sup> patches are indicated for use as a female contraceptive in patients who are unable to tolerate combined oral contraceptives or request them specifically as a contraceptive option. Patients often show non-adherence to combined oral contraceptives. NICE states patients should be offered a choice of contraceptives and recommends Evra<sup>®</sup> patches.

• **Fluorouracil 0.5%/Salicylic acid 10% (Actikerall<sup>®</sup>)**

**Decision: Approved. Tariff Included Medicine**

Actikerall<sup>®</sup> is indicated for the topical treatment of slightly palpable and/or moderately thick hyperkeratotic actinic keratosis (grade I/II) in immunocompetent adult patients. Actikerall<sup>®</sup> has been accepted by the Scottish Medicines Consortium and is already in the NWL Integrated Formulary. Treatment with Actikerall<sup>®</sup> showed superiority to diclofenac gel. Dr Morar will be asked to confirm the place of therapy of diclofenac 3% gel and fluorouracil 5%.

• **Doxycycline 40mg MR (Efracea<sup>®</sup>)**

**Decision: Rejected – insufficient evidence of benefit over normal release product (Cochrane review)**

Efracea<sup>®</sup> is indicated to reduce papulopustular lesions in adult patients with facial rosacea. The evidence does not support use of doxycycline 40mg MR due to the small studies conducted, little evidence showing reduced antibiotic resistance and the Cochrane review summary which highlighted a lack of superiority of doxycycline 40mg MR over the conventional 100mg dose.

• **Indacaterol (Onbrez Breezhaler<sup>®</sup>)** - Deferred until the next meeting as Dr. Singh could not attend.

• **Tolvaptan (Samsca<sup>®</sup>)** - Deferred until the next meeting (Incomplete application).

• **Influenza vaccine nasal spray (Fluenz<sup>®</sup>)**

**Decision: Approved. Tariff Included Medicine. Indicated for a restricted group of staff assessed by Occupational Health and prescribed by a doctor.**

Fluenz<sup>®</sup> is indicated for use as a vaccine in the form of a nasal spray for the prevention of influenza. It will be used for staff members who are needle averse confirmed by an Occupational Health assessment.

**Ex-Panel**

• **Progesterone injection**

**Decision: Approved. Tariff Excluded Medicine.**

Progesterone injection is indicated to support uterine implantation when Cyclogest<sup>®</sup> (progesterone pessaries) or Crinone<sup>®</sup> (progesterone gel) is unavailable.

• **Cetraban Emollient Bath**

**Decision: Approved. Tariff Included Medicine.**

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**5. Medicines Management / Medicines Policy**

• **NPSA RRR (2011/PSA003) The adult patient's passport to safer use of insulin action plan**

The Committee noted the complete action plan for NPSA RRR (2011/PSA003). The Trust has declared compliance with this alert. The Committee noted the introduction of the Insulin Passport. DR will ask Samantha Scarle (Medicine Directorate Pharmacist) to send Jo Webster a copy of the patient information booklet and confirm if available online.

• **CLAHRC Update**

The Committee noted the update on the current ongoing CLAHRC projects and successes to date.

• **Midwives Exemption – Diclofenac / Ibuprofen**

The Committee approved the use of the Midwives Standing Orders for ibuprofen and diclofenac.

In Maternity, postnatal oral analgesia has changed from co-dydramol and diclofenac to paracetamol and ibuprofen. This decision was made:

- To support the reduction to discharge time as women will be able to obtain these tablets prior to admission
- There is some evidence to support Ibuprofen having a decreased thrombogenic risk compared to diclofenac during use for acute conditions

• **Adult Parenteral Nutrition Policy**

The Committee noted this policy which has been updated in line with the recently approved Trust Intravenous Vascular Access Guidance for Adults.

• **Trust register of non-medical prescribers (September 2012)**

The Trust register of non-medical prescribers has been updated and approved.

**6. NICE Guidance August 2012**

• **TA263 – Bevacizumab in combination with Capecitabine for the first line treatment of metastatic breast cancer**

NICE does not recommend bevacizumab in combination with capecitabine as first-line treatment for metastatic breast cancer when other chemotherapy (including drugs known as taxanes or anthracyclines) is not appropriate, or taxanes or anthracyclines have been given in the past 12 months.

**7. IVIG Update August & September 2012**

There were 12 IVIG issues in August 2012, with 5 new requests:

- One was for idiopathic thrombocytopenic purpura - paediatrics (red indication)
- One was for pregnancy associated Idiopathic thrombocytopenic purpura (red indication)
- One was for idiopathic thrombocytopenic purpura - adult (red indication)
- One was for chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) (red indication)
- One was for adult HIV-associated thrombocytopenia (blue indication)

There were 7 IVIG issues in September 2012, with 3 new requests:

- One was for idiopathic thrombocytopenic purpura - adult (red indication)
- One was for adult HIV-associated thrombocytopenia (blue indication)

One was for haemophagocytic syndrome (blue indication)

**8. Items for Noting**

• **2011-2012 Medicines Related CQUINs Performance Report: ACEi/ARB & Statin Audit (Quarter 2)**

The Committee noted the above item and the 100% compliance rate with this CQUIN.

• **Chemotherapy e-prescribing update (September 2012)**

The Committee noted the above item.

• **Discharge prescription write times (August 2012)**

The Committee noted the above item and that 59% of TTOs are screened within 30 minutes of being written and 76% within 1 hour. In total, 96% of TTOs are written at least 3 hours prior to discharge.

The above item will be removed from future Medicines Committee meetings as results are tabled and monitored at the Performance Board meetings.

• **CLARHC update (September 2012)**

The Committee noted the above item

• **Unlicensed medicinal products (UMPs)**

The Committee noted the list of UMPs stocked at C&W as of 17<sup>th</sup> September 2012.

• **Medicines Management Programme of development**

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:

**Chelsea and Westminster Hospital NHS Foundation Trust  
Trust Medicines Committee**

- Medicines Committee September 2012 Summary Notes
- NPSA RRR (2011/PSA003) - The adult patient's passport to safer use of insulin action plan

**11. Date of the next meeting**

**Monday 12<sup>th</sup> November 2012 8.00 – 9.00 Board Room, Lower Ground Floor**

**Closing date for papers: Friday 19<sup>th</sup> October 2012**