

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

Summary of Main Points from the Meeting held on the 10th November 2014

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the September 2014 meeting were approved and will be circulated.

3. Matters Arising

The Committee noted the matters arising from the previous meeting.

4. Formulary Applications

Full applications

- **Jaydess® - Long acting reversible levonorgestrel 13.5mg Intrauterine Delivery System**

Decision: Approved

Jaydess® Intrauterine Delivery Device is indicated for contraception for up to 3 years. Jaydess® was approved for inclusion in the formulary as a contraceptive option in women where the Mirena® intrauterine delivery device is not indicated or may not be acceptable such as nulliparous or peri-menopausal women. This is because it has a smaller reservoir and T frame (28 mm by 30 mm) and allows placement using a smaller tube (3.8 mm diameter) compared to the Mirena® levonorgestrel 52 mg intrauterine delivery system (T frame 32 mm by 32 mm; tube 4.4 mm) and this may confer an advantage with relation to ease of administration. There is a cost difference of £23 per unit if Jaydess® is used instead of Mirena® (hospital cost including VAT is £83 for Jaydess® vs £106 for Mirena®). The average cost per year is lower for Mirena® (hospital cost £21.20/year compared to £27.66 for Jaydess®, however it is not unusual for women to discontinue Mirena® before the 5 year dosing interval has been completed. It was noted by the CCG representative that Jaydess® is not included in the North West London Integrated Formulary and their view, is unlikely to be accepted onto the formulary as the evidence does not support its use.

- **VSL#3® Powder**

Decision: Deferred

The applicant was unable to attend the meeting so it was agreed the item would be deferred for consideration at the December meeting.

Individual funding requests (For noting)

- **Dolutegravir**

Decision: Noted

Previously approved by the Pharmacoeconomics Board for the management of a specific patient with HIV and Breast Cancer.

- **Dolutegravir**

Decision: Noted

Previously approved by the Pharmacoeconomics Board for the management of a specific patient with HIV, Hepatitis B, Decompensated liver disease and M184V resistance.

- **Dolutegravir**

Decision: Noted

Approved by the Pharmacoeconomics Board 07/11/2014 for the management of a specific patient with raltegravir resistance.

Ex-Panel

- **Baritop Plus® Barium Powder**

Decision: Approved

Baritop Plus® was approved for inclusion in the formulary for video fluoroscopy swallow studies in paediatric patients.

- **Restylane® Dermal Filler**

Decision: Approved

Restylane® was approved for inclusion in the formulary as dermal filler for Burns patients with facial burns,

5. Trust Medicines Policy

- **TMP: Section 21: Patient Group Directions**

Decision: Approved

Summary of Changes

- Scheduled review and update
- Reformatting of Appendix 22.1 – PGD proforma.
- Addition of a PGD stock reconciliation form.

- **TMP: Section 22: Non-Medical Prescribing**

Decision: Approved with a minor amendment to Section 22.11.5 Prescribing for clinical trials

- *Clarify that medicines prescribed as part of a clinical trial are Investigational Medicinal Products.*

Summary of changes

- Scheduled review and update with the Trust NMP Lead
- Clarification of which professions can be registered as IPs, SPs or both

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- Addition of a section relating to clinical trials
- Update of application process
- Update of registration process.
- Update to the appendices

6. Medicines Management

- **National Shortage of Acetylcysteine Injection - Memo**

Decision: Noted

Trust wide memo circulated in light of recent acetylcysteine Injection shortage. The National Poisons Information Service has suggested that existing stock should be reserved for patients with paracetamol overdose and that other uses should be reviewed. The Trust will be following this advice. Locally, stock is being held in the Main Emergency Department (ED), Paediatric ED, AAU, ITU and Paediatric HDU, which are the main areas that treat paracetamol overdose patients. All other stock has been returned to Pharmacy to be held centrally. Based on conserving usage, local stock should be sufficient to cover until fresh supplies are available.

7. NICE TA Guidance

- **TA321 - Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma**

Dabrafenib is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma only if the company provides dabrafenib with the discount agreed in the patient access scheme

Action: To add a comment that Dabrafenib is now used in line with NICE TA321

8. IVIG Update

Noted.

There were 17 IVIG issues in October 2014, with 6 new requests:

- One for TENS (Red Indication)
- Three were for Guillain Barre (Red Indication)
- One for Myasthenia Gravis (Blue Indication)
- One for CIDP (Red Indication)

9. Items for noting

- **Audit: NWL Formulary compliance Audit 2014/15 Q1**

Noted

Audit of prescribing compliance with the NWL Formulary - 2014/15 Q2.

A review of non-compliance identified that some of the items were for Paediatric patients and the NWLIF does not include prescribing for children. The committee agreed that the results should be validated to remove non-compliance for paediatrics.

- **Trust NMP Register - October 2014**

Noted

Trust Non-Medical Prescribing Register as at October 2014.

- **Category A & B UMPs - October 2014**

Noted

List of Category A & B Unlicensed Medicinal Products stocked in Pharmacy as of October 2014.

- **MHRA Update - October 2014**

Noted

MHRA Update for October 2014.

10. Meeting minutes for noting

- HIV Drugs Sub-committee meeting – September 2014 – these were noted.

11. Date of next meeting

Monday 8th December 2014: 8.00 - 9.00

Board Room: Lower Ground Floor, Lift Bank B

Closing date for papers: Friday 14th November 2014