Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee

Summary of Main Points from the Meeting held on the 13th October 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

- **Mydriasert® - Tropicamide 0.28mg & Phenylephrine 5.4mg Ophthalmic Insert**

Decision: Approved
Ophthalmic insert indicated for:
- Pre-operative mydriasis,
- Diagnostic purposes when monotherapy is known to be insufficient.

Benefits over conventional drops include sustained mydriasis during surgery, more favourable post-operative recovery and reduced nursing time.

- **Cefuroxime 50mg Ophthalmic Injection (Aprokam®)**

Decision: Approved
Indicated for antibiotic prophylaxis of postoperative endophthalmitis after cataract surgery. Currently using IV cefuroxime administered as a sub-conjunctival injection. Aprokam® is the only licensed product that is available commercially for this indication.

- **Stiripentol 250mg and 500mg Sachets (Diacomit®)**

Decision: Approved
This is an Orphan Drug, recommended by NICE (CG137) as adjunctive therapy (with clobazam) for the management of Dravet Syndrome. Request received from the Paediatric Neurology Department to include this on the formulary for the management of one patient with Dravet Syndrome. GP will continue prescribing once initiated at C&W.

- **Human Papillomavirus Vaccine (Gardasil®) (For noting)**

Decision: Noted
Request received by Chelsea Vaccine Clinic to provide Human Papillomavirus Vaccine (HPV) (Gardasil®) outside its license for the following indications:

- Use in patients outside of licenced age range i.e. men > 26 years old and women > 45 years old as a vaccine
- Use as an adjunct in the treatment of HPV related disease.

Patients issued with prescriptions for HPV vaccine will pay privately for this medicine.
The prescribing consultant will take responsibility for the prescribing of this medicine for an unlicensed indication in accordance with the Trust Medicines Policy.

- **Lubiprostone 24mcg Capsules (Amitiza®) (For noting)**

Decision: Noted
NICE approved - NICE TA318 as a treatment option for chronic idiopathic constipation.
Approved for inclusion in the formulary at the September meeting - Application form was noted.

Individual funding requests (For noting)

- **Vedolizumab IV**

Decision: Noted
Previously approved by the Pharmacoeconomic Board for the management of a specific patient with Chronic Active Ulcerative Colitis.

- **Infliximab IV**

Decision: Noted
Previously approved by the Pharmacoeconomic Board for the management of a specific patient with Psoriasis and Psoriatic Arthritis.

Ex-Panel

- **Anthelios XL® SPF 50+ Cream and Sun Sense Ultra® SPF 50+ Cream**

Decision: Approved
Can only be prescribed on the NHS for "*Skin protection against ultraviolet radiation in abnormal cutaneous photosensitivity resulting from genetic disorders"* Request received from the Paediatric Dermatology Department to include this on the formulary for patients who have conditions like eczema and are being treated with photosensitive medicines such as azathioprine/tacrolimus etc. Both available on NWL Integrated formulary and so further prescribing can be taken over by primary care as appropriate. Unlike Uvistat® (Currently available on the formulary) both formulations are water resistant and are recommended for use in children (BNFc) and by the National Eczema Society. Uvistat® will be removed from the formulary in favour of the above two SPF preparations.

- **Fluoxetine 20mg Orodispersible Tablet**

Decision: Approved
Formulation for use in children (Usual starting dose 10mg). Provides a useful alternative formulation to oral liquid.
Request received from CNWL MHU to include this on the formulary. More cost effective than the liquid preparation.

- **Mesalazine preparations**

Decision: Approved
Request received from the Paediatric Gastroenterology Department to include the following preparations on the formulary:

- Mesalazine 250mg suppositories (Asacol®) (Warner Chilcott)
  (500mg and 1g suppositories already on formulary)
- Mesalazine 250mg EC Tablets (Salofalk®) (Dr Falk)
  (400mg EC Tablets already on formulary)
- Mesalazine 1g, 1.5g and 3g MR Granules (Salofalk®) (Dr Falk) (500mg MR Granules already on formulary)

Having these preparations on the formulary will increase the range of formulations and strengths available to prescribe to paediatric patients as well as providing ease of administration.

Removals
Decision: Approved

- **Forceval Junior Capsules**

Vitamin preparation with has been recently discontinued by the manufacturer

5. Trust Medicines Policy

- **TMP: Section 18: Medical Representatives**

Scheduled review and update.

- Minor amendments

- **TMP: Appendix 1: Controlled Drugs Governance Arrangements**

Updated to include the new template for the CD Occurrence Report

- **TMP: Appendix 3: Medicines Management Training Programme**

Updated to reflect recent changes in corporate and doctor inductions

6. Trust Medicines Policy Audit

- **Trust Medicines Policy Audit 2014/15**

Report for the Trust Medicines Policy Audit undertaken in June 2014.

Overall, the results show that there was very good compliance with almost all aspects of the Trust Medicines Policy. Of the 20 standards audited, 95% (n=19) scored 80% or greater compliance and 85% (n=17) scored 90% or greater compliance.

Of the 19 standards where variance in compliance from the 2013/14 audit could be assessed, the compliance for 79% (n=15) either increased or remained static. Where the compliance remained static, 75% (n=9) of these continued to have 100% compliance.

Actions include:

a) Review the wording of the Trust Medicines Policy Section 2: Prescribing relating to combination preparations where only one strength exists.
b) Review and agree how best to endorse IV infusion prescription prescribed on paper medication charts.
c) Remind nursing staff of the need to document the quantity of part-used CDs destroyed on HIV and W&C wards. Monitor as part of the ward CD stock checks undertaken quarterly by Pharmacy.
d) Complete Trust incident forms for the 2 incidents identified where the supply of potassium chloride IV was outside of the Trust Medicines Policy standards. Remind all pharmacy staff of the need to issue potassium chloride IV in accordance with the Trust Medicines Policy standards.
e) Continue the work being undertaken by the Omitted & Delayed Medicine Doses Task Force Group in conjunction with Senior Nursing staff to:

- Agree good practice in relation to the documentation of omitted and delayed medicine doses.
- Agree an action plan that aims to reduce omitted and delayed medicines doses.
- Re-audit the relevant standard in 6 months.

- **TMP: Section 2: Prescribing**

Decision: Approved
Minor change made to the wording of prescribing standard on page 4 following the Trust Medicines Policy Audit 2014/15.

- **Trust Medicines Policy Audit 2013/14**

Decision: Noted
The actions of the Trust Medicines Policy Audit 2013/14 were noted as completed with the exception of one action relating to missed doses that will be rolled-over to be included in the actions for the 2014-15 audit.

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7. Medicines Management

- **Trust Policy for Homecare Medications**

Decision: Approved
Newly compiled policy that covers all aspects of Homecare Services commissioned by the Trust.

8. MHRA Patient Safety Alerts

- **Improving medication error incident reporting and learning**

The relating report was noted and resulting action plan was approved.

Risk arising from breakdown and failure to act on communication during handover at time of discharge from secondary care

The related report was noted. Leads have been assigned via the Risk Management Committee.

- **Resources to support the prompt recognition of sepsis and the rapid initiation of treatment**

The relating report was noted. Leads have been assigned via the Risk Management Committee.

9. NICE TA Guidance

TA320 - Dimethyl fumarate for treating relapsing-remitting multiple sclerosis
Dimethyl fumarate is recommended as an option for treating adults with active relapsing-remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years), **only if**:

- They do not have highly active or rapidly evolving severe relapsing-remitting multiple sclerosis and
- The manufacturer provides dimethyl fumarate with the discount agreed in the patient access scheme.

People currently receiving treatment initiated within the NHS with dimethyl fumarate that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.

Action: Added to the formulary. Application form noted

TA322 - Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality
Lenalidomide is recommended as an option, within its marketing authorisation, that is for treating transfusion-dependent anaemia caused by low or intermediate-1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate, with the following condition: the drug cost of lenalidomide (excluding any related costs) for people who remain on treatment for more than 26 cycles (each of 28 days; normally a period of 2 years) will be met by the company.

Action: To add comment that lenalidomide now used in line with NICE TA322

- **NICE TA log 2014/2015**

Decision: Noted
NICE TA log for 2014/15 - Full report
NICE TA log for 2014/15 - Report for intranet
It was noted that year to date (April to September 2014) the average time period to approve medicine for inclusion on the formulary was 22 days

10. IVIG Update
There were 16 IVIG issues in September 2014, with 6 new requests:

- One for ITP (Red Indication)
- One for Kawasaki Disease (Red Indication)
- One for Myasthenia Gravis (Blue Indication)
- One for PID (Red Indication)

11. Items for noting

- **Audit: NWL Formulary compliance Audit 2014/15 Q1**
  Audit of prescribing compliance with the NWL Formulary 2014/15 Q1
- **NWL Red List - June and September 2014**
  NWL Red list as of June and September 2014
- **PGD Tracker - October 2014**
  PGD Tracker as of October 2014
- **Medicines Committee Meetings - Dates 2015**
  Dates for Medicine Committee Meetings for 2015
- **MHRA Update - September 2014**
  MHRA Update for September 2014

10. Meeting minutes for noting

- HIV Drugs Sub-committee meeting - August 2014

13. Date of next meeting
Monday 10th November 2014, 8.00 - 9.00 – Board Room, Lower Ground Floor
Closing date for papers: Friday 17th October 2014

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