

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

Summary of Main Points from the Meeting held on the 9th September 2013

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the July 2013 meeting were approved and will be circulated.

3. Matters Arising

The Committee noted the matters arising from the previous meeting.

4. New Medicines Applications

Formulary applications

Decision: Approved

• **Ulipristal acetate (Esmya[®])**

Esmya[®] is indicated for the pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. Esmya[®] will be used as second line agent as an alternative to a GnRH agonist. Esmya[®] is not currently included in the NWLIF and it is not expected that GPs will undertake prescribing of this agent on account of the treatment period being limited to 3 months.

Decision: Approved

• **Mirabegron (Betmiga[®])**

Betmiga[®] is indicated for the treatment of symptoms of overactive bladder, urinary frequency and urge incontinence in patients in whom antimuscarinic drugs are contraindicated or clinically ineffective or have unacceptable side effects.

Mirabegron has recently been approved by NICE. (TA290 - July 2013).

Individual funding requests

Decision: Noted

• **Tocilizumab IV for Mycobacterium Avium Complex**

Approved by the Pharmacoeconomic Board.

Action: To follow-up issue regarding the funding of this treatment with the Lead Clinical Directorate Pharmacist, HIV.

• **1% Amitriptyline + 0.5% Ketamine in PLO Gel**

Decision: Noted

Approved by the Pharmacoeconomic Board

For the management of Erythromelalgia in a paediatric patient where previous treatment has not been successful.

Ex-panel

Decision: Approved

• **Bisoprolol 10mg Tablets**

Decision: Approved

To reduce pill burden for patients on high doses.

• **Candesartan 16mg Tablets**

Decision: Approved

To reduce pill burden for patients on high doses.

• **Femoston-Conti 0.5mg/2.5mg Tablets**

Decision: Approved

New strength introduced for the management of menopausal symptoms in line with National Guidance which states that the lowest effective dose should be used.

5. Medicines Management/Trust Medicines Policy

• **Trust Medicines Policy - Section 1. Introduction**

Decision: Approved

Updated to take out reference to NHSLA Risk standards relating to Medicines Management. The Medicines Policy inherently reflects NHSLA standards and therefore specific reference to NHSLA not required.

• **Trust Medicines Policy - Appendix 3. MM Training Programme**

Decision: Approved

Updated following comments received from the Trust Mandatory Training Manager and in line with changes to responsibility of leads in Physiotherapy. Going forward, this training will be delivered to temporary as well as permanent staff.

• **MHRA Alert re. Diclofenac and cardiovascular safety**

Following the above alert a discussion was had concerning the way forward with managing the use of diclofenac in the Surgical Directorate. The following points were discussed:

- Prescribing should be restricted to patient of age of approximately 75 years and older (exact cut-off age to be agreed).
- Availability of IV and PR formulations make the switch to an alternative NSAID complex. For this reason the use of diclofenac should continue in Paediatric Surgery.
- The preferred agent to switch to would be ibuprofen
- Effects following short term use needs further consideration.

A number of actions were agreed.

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- **IV Task Force**

Deferred to next meeting.

- **NWL CSU – Compendium of ideas for savings**

Noted: Ideas from compendium to be considered as part of C&W medicines savings plan 2013/14.

- **CQC - Fundamentals of Care & Medicines: Analgesia & Patient satisfaction**

Deferred to next meeting.

- **CQC - Fundamentals of Care & Medicines: Omitted & Delayed medicines**

Deferred to next meeting.

6. NICE TA Guidance

- **TA289 - Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis**

Ruxolitinib is not recommended within its marketing authorisation for the treatment of disease-related splenomegaly or symptoms in adult patients with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis.

Action: Nil - Not recommended

- **TA290 - Mirabegron for treating symptoms of overactive bladder**

Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.

Action: Add to the formulary

- **TA291 - Pegloticase for treating severe debilitating chronic tophaceous gout**

Pegloticase is not recommended within its marketing authorisation, for treating severe debilitating chronic tophaceous gout in adults who may also have erosive joint involvement and in whom xanthine oxidase inhibitors at the maximum medically appropriate dose have failed to normalise serum uric acid, or for whom these medicines are contraindicated.

Action: Nil - Not recommended

- **TA292 - Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder**

Aripiprazole is recommended as an option for treating moderate to severe manic episodes in adolescents with bipolar I disorder.

Action: Nil - Not applicable to C&W

- **TA293 - Eltrombopag for treating chronic immune (idiopathic) thrombocytopenia purpura (Review of TA 205)**

Eltrombopag is recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura, within its marketing authorisation (that is, in adults who have had a splenectomy and whose condition is refractory to other treatments, or as a second-line treatment in adults who have not had a splenectomy under specified conditions).

Action: Update to formulary to indicate now used in line with NICE Guidance TA 293

- **TA294 - Aflibercept solution for injection for treating wet age-related macular degeneration**

Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration under specified conditions.

Action: Add to formulary

7. IVIG Update

The panel noted the IVIG report.

There were 10 IVIG issues in July 2013, with 3 new requests:

- One for TENS (Red indication)
- One for Myasthenia Gravis (Blue indication)
- One was for CNS Vasculitis (Grey Indication).

There were 13 IVIG issues in August 2013, with 8 new requests:

- One was for TENS (Red indication)
- One was for Paraprotein associated Demyelinating Neuropathy (Red indication)
- One was for Acquired Cell Plasia (Blue indication)
- One was for Immunobillous Disease (Blue indication)
- One was for Dermatomyositis (Blue indication)

Three were for Myasthenia Gravis (Blue indication)

8. Items for Noting

- **Influenza Season 2013**

Influenza documentation updated for Influenza Season 2013. Noted.

- **Pharmacy intervention audit**

Noted. Some comments received on the content of the report. Report to be updated accordingly.

- **Medicines Reconciliation Audit - June 2013**

Noted. The standard has been changed to: "A minimum of 75% of in-patients (with the exception of patients with a length of stay <24 hours or patients with no regular pre-admission drugs prescribed) should have full medicines reconciliation documented as completed within 72 hours".

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The results of the June audit showed that 86% of patients had their medicines reconciled within 72 hours thus meeting the standard. Overall 88% of drug histories were completed, confirmed and documented within 24 hours.

- **PPI monthly audit - Aug 2013**

Noted. Some comments received on the content of the report. Report to be updated accordingly.

- **Quarterly Controlled Drug Report - Q1 2013/14**

Noted.

- **Quarterly Controlled Drug Occurrence report - Q1 2013/14**

Noted.

- **PGD Tracker - Aug 2013**

Noted.

- **NMP Register - Aug 2013**

Noted.

- **MHRA Drug Safety Update - July 2013**

Noted.

- **MHRA Drug Safety Update - Aug 2013**

Noted.

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee:

- Medicines Committee Summary Notes - July 2013
- Quarterly Controlled Drug Report - Q1 2013/14
- Quarterly Controlled Drug Occurrence report - Q1 2013/14

10. AOB

The following chemotherapy related Trust policies have been updated. These include:

- Policy for the safe prescribing, handling and administration of systemic anti-cancer treatment drugs
- Policy for the safe dispensing, labelling and administration of vinca alkaloids
- Intrathecal cytotoxic chemotherapy policy

These were approved.

11. Date of the next meeting

Monday 14th October 2013, 8.00 – 9.00 Boardroom, Lower Ground Floor.

Closing date for papers: Friday 20th September 2013