Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 6th of February 2012

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes 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

Additions

- **Rivaroxaban for prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation (AF), treatment of deep vein thrombosis (DVT) and prevention of recurrent DVT and pulmonary embolism (PE)**

Decision: Approved. Tariff Included. Prescribing limited to Dr Yarranton until NICE final guidance published.

Rivaroxaban has recently received licenses for the treatment of acute DVT and prevention of recurrent DVT and PE, and for stroke prevention in AF. However, was non-inferior to warfarin for the prevention of stroke or systemic embolism and showed non-inferior efficacy with respect to recurrent VTE. There was no significant difference (rivaroxaban compared with warfarin) in the risk of major bleeding, although intracranial and fatal bleeding occurred less frequently in the rivaroxaban group (SPAF). There was no significant difference in major bleeding or clinically relevant non-major bleeding in patients treated with rivaroxaban (DVT treatment and prevention of recurrent VTE). The NICE Appraisal Committee is minded not to recommend rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation. For the second Appraisal Committee meeting, the manufacturer of rivaroxaban should provide revised cost-effectiveness analyses comparing rivaroxaban with warfarin as follows:

- Characteristics of the cohort in the model should represent people with atrial fibrillation in the UK. Therefore ideally the baseline risks of events in the patient cohort in the model should be derived from the General Practice Research Database or the UK GP practice-based survey.
- Analyses should use clinical-effectiveness data from the safety-on-treatment population of the ROCKET-AF trial, and use all point estimates from this trial regardless of statistical significance.
- Effect of the low proportion of time in therapeutic range on warfarin in the ROCKET-AF trial should be accounted for by considering subgroup analyses by country or centre.
- Analyses should incorporate a fixed annual warfarin INR monitoring cost of £242 per person.
- **Dabigatran for prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation (AF)**

Decision: Approved. Tariff Included. Prescribing limited to Dr Morgan until NICE final guidance published

Dabigatran is licensed for the prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation.

The NICE final appraisal determination recommends dabigatran as an option for prevention of stroke and systemic embolism within its licensed indication. An appeal has been lodged against the FAD, which will be held on 7th February 2012.

The Northwest London cardiovascular and stroke network have produced a draft sector statement for the new oral anticoagulants and their place in therapy, but this will only be finalised once NICE have published the Health Technology Appraisal. Warfarin is recommended as first line therapy for stroke prevention in AF.

Both anticoagulants are red-listed, therefore hospital doctors should not ask GPs to prescribe red-listed medications. However, in some cases GPs may agree to continue therapy. If dabigatran or rivaroxaban are newly initiated then the initiating prescriber will be responsible for providing ongoing care and arranging further prescriptions. A prescription for a 3 month supply of medication (dabigatran or rivaroxaban) is approved. Secondary care should be communicated regarding new anticoagulant therapy. A prescription cost for further prescriptions should be included in the Contract if patients are not seen.

Ex-Panel Requests

- **Nitrofurantoin 100mg MR capsules**

Decision: Approved. Tariff Included Medicine.

- **Infliximab for Fistulising Crohn's Disease** – Individual Funding Request
- **Romiplostim for resistant autoimmune thrombocytopenia** – Individual Funding Request

Decision: Approved. The above individual funding requests have been completed.

Removals

- **Insulin (Human Mixtard 30) cartridge, Insulin (Human Mixtard 30) vial, Insulin (Human Mixtard 30) Innolet pen**

Discontinued in December 2011 due to manufacturing problems.

- **Telbivudine 600mg tablet**

Not recommended by NICE for the treatment of Hepatitis B and is no longer prescribed by the C&W team.

- **Insulin glargine optiset disposable pens**
  - **Insulin (Insuman basal) optiset pen**
  - **Insulin (Insuman Combo 25) optiset pen**
- **Opticlick and optipen pro 1 re-usable pens**
  - **Insulin glargine (Lantus) Opticlick**

No longer available. The solostar pen will be used in place of the optiset pen and is currently on the Formulary.

5. Medicines Management /Medicines Policy

- **Section 2 – Prescribing**

The name of the policy for systemic anticancer medicines has been updated. The QIPP plan to reduce the supply of over-the-counter items to patients has been incorporated into section 2.5 – Discharge medications.

- **Medicines Policy Audit 2011-12**

The action plan from the Medicines Policy audit has been completed.

- **Medicines Reconciliation Audit December 2011**

The overall percentage of fully reconciled medication histories was 67% in December 2011; compared to 71% in June 2011 (stretch CQUIN target for 2010-11 was 70%). This is no longer a CQUIN initiative for 2011-12 but will continue to be monitored 6-monthly.

6. NICE Guidance December 2011

- **TA 238 – Arthritis (juvenile idiopathic, systemic) – tocilizumab**
- **TA 239 – Breast cancer (metastatic) – fulvestrant**

The committee noted the two above NICE guidance.

- TA 240 – Colorectal cancer (metastatic) – Panitumumab technology appraisal has been terminated.

7. IVIG Update December 2011 & January 2012

There were 11 IVIG issues in December 2011, with 1 new request for idiopathic thrombocytopenic purpura (red-selected).

There were 11 IVIG issues in January 2012, with 6 new requests.

8. Items for Noting

The committee noted the following items:

- HIV Drugs Sub-committee Minutes November and December 2011
- Minutes for new oral anticoagulants for stroke prevention in atrial fibrillation
- Trust register of non-medical prescribers
- Statin and ACEI vs ARB Audit January 2012
  NWL requires each provider to increase the proportion of low cost prescribing for: statins, ACE inhibitors and angiotensin II receptor blockers (ARBs) in line with the locally agreed improvement trajectory. There is a financial penalty of £20,000 for failure to achieve the quarterly improvement trajectory in any one or more of the three groups of medicines.
  In December 2011 and January 2012, the overall percentage for low cost statin prescribing is 60 and 75% respectively, and for ACEI vs ARB is 80 and 100% respectively. Compliance with the target that 90% of inpatients initiated on a high cost statin or ARD should have the indication documented in the notes or on Lastword is 100% by default as no new patients were initiated during these months.
- Gefitinib patient access scheme
- Integrated North West London Formulary briefing note
- Policy for the safe dispensing labelling and administration of vinca alkaloids
- Policy for the safe prescribing handling and administration of systemic anti-cancer treatment drugs
- Intrathecal cytotoxic chemotherapy policy

9. Papers to go to the Trust Quality Committee

The following papers should be sent to the Trust Quality Committee

- Medicines Committee Summary Notes December 2011

10. Date of the next meeting

Monday 12th of March 2012, 8.00 – 9.00am, Beta cell Seminar Room, Lower Ground Floor. Closing date for papers: Friday 27rd of February 2012