CARDIFF AND VALE UNIVERSITY HEALTH BOARD
NOTES OF THE MEDICINES MANAGEMENT GROUP MEETING
HELD ON TUESDAY 24th SEPTEMBER 2013

Present: [redacted]

ACTION

1. Apologies [redacted]

Part A: Enabling Medicines Management Project
These have been recorded and circulated as an action Log

Part B: Corporate Medicines Management Group

1. Declarations of interest
   There were no relevant declarations.

2. Minutes of last meeting – 19th August 2013
   These were accepted as a true recorded of the last meeting

3. Matters arising
   a) *Mental Health prescribing issues*
   It was noted that this issue has now been raised for discussion through the Shared Care Committee due to meet 15 October 2013 and it is hoped that the concerns raised previously will be resolved here. [redacted] [redacted]

   b) *Tolvaptan in hyponatraemia*
   The use of this treatment has been reviewed through the Medicine Clinical Board Medicine Management Group. It has been agreed through this process that Tolvaptan will not be used first line for this indication. Further work is ongoing to establish its place in therapy, there is good clinical engagement with this process. There is no need for this to return to Corporate MMG.

   c) *Guidelines on the Diagnosis and Management of Vitamin D Deficiency in Children and Adults*
   There are still a number of issues with this pathway and it was agreed that where possible these should be addressed outside of this meeting and that once resolved the guidance would be made widely available. In particular the definition of 'high doses of vitamin D' requires clarification, the formulary status of treatments recommended within the guidelines needs checking there are some parts of an algorithm that requires a review. All present acknowledged the resource required in getting the guidelines to this stage and were very keen to begin to use them in practice. [redacted] to meet with [redacted] to discuss the proposed amendments. [redacted] [redacted]

4. NICE/AWMSG implementation

Each Clinical Board Medicines Management Group to discuss whether an IPD is needed for the following recommendations: **Clinical Boards**

a) AWMSG appraisal recommendations July 2013

Nepafenac (Nevanac®) **is recommended for use** within NHS Wales for reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients.

Ulipristal acetate (Esmya®▼) **is recommended as an option for use** within NHS Wales for the pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to three months.

Adalimumab (Humira®) **is recommended as an option for use** within NHS Wales for the treatment of severe active Crohn's disease in paediatric patients (6 to 17 years of age) who have had an inadequate response to conventional therapy including primary nutrition therapy, a corticosteroid, and an immunomodulator, or who are intolerant to or have contraindications for such therapies.

Adalimumab (Humira®) **is recommended as an option for use** within NHS Wales, in combination with methotrexate, for the treatment of active polyarticular juvenile idiopathic arthritis, in children aged 2 to 4 years who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs). Adalimumab can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate. Adalimumab has not been studied in children aged less than 2 years.

Tenofovir disoproxil (as fumarate) (Viread®) **film-coated tablets are recommended as an option for use** within NHS Wales in combination with other antiretroviral medicinal products for the treatment of HIV-1-infected adolescent and paediatric patients, with nucleoside reverse transcriptase inhibitor (NRTI) resistance or toxicities precluding the use of first line agents, aged 12 to < 18 years (245 mg tablets) and aged 6 to < 12 years who weigh from 17 kg to less than 22 kg (123 mg tablets), 22 kg to less than 28 kg (163 mg tablets) and 28 kg to less than 35 kg (204 mg tablets) and **33 mg/g granules are recommended as an option for use** within NHS Wales in combination with other antiretroviral medicinal products for the treatment of HIV-1 infected paediatric patients, with NRTI resistance or toxicities precluding the use of first line agents, from 2 to < 6 years of age, and above 6 years of age for whom a solid dosage form is not appropriate. The choice of tenofovir disoproxil to treat antiretroviral-experienced patients with HIV-1 infection should be based on individual viral resistance testing and/or treatment history of patients.

Tenofovir disoproxil (as fumarate) (Viread®) **245 mg film-coated tablets are recommended for use** within NHS Wales for the treatment of chronic hepatitis B in adolescents 12 to < 18 years of age with compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis and **33 mg/g granules are recommended for use** within NHS Wales for the treatment of chronic hepatitis B in adolescents 12 to < 18 years of age for whom a solid dosage form is not appropriate with: compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis.

5. Management of medicines across the healthcare community

a) *Anticoagulation – template bridging letters and referral pathway to ART*

[redacted] attended to clarify the use of this pathway and letters within the HB. The intention is that, once approved, the templates will be made available via the intranet. Warfarinised patients due for elective surgery would be identified in anaesthetic pre-operative assessment clinics and appropriate pathway selected. Bridging letter would be sent when day of surgery identified. Particular concerns were expressed in relation to the management of patients whose anticoagulation is stopped prior to surgery and subsequently the surgery does not go ahead. It was agreed that this is a concern but that this revised pathway does not necessitate change to current arrangements for managing such situations. Surgery Clinical Board should ensure that appropriate arrangements are in place.
The pathway and template letters were approved.

6. Items for approval

a) SOP – Review of patients on PDE51 and switching Tadalafil and Vardenafil tablets to Sildenafil tablets
This SOP was agreed for use, after concerns were raised in relation to the ease at which this switch could be achieved. Reassurance was provided that the primacy care team felt this was manageable and it was scheduled into their work plan.

b) SOP – Switching generic & branded carbomer 980 gel (eye drops) to Viscotears® liquid gel (eye drops)
This SOP was agreed for use.

c) SOP – Reviewing patients receiving omega-3 fatty acid compounds (Omacor® & Maxepa®)
This SOP was agreed for use.

7. Items to note
None

8. Any other business
None

9. Date of next meeting
11.00 – 1.00, Monday 21st October, HQ meeting room, UHW

NotesMMG/s:lg/MMG September2013