

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**  
**NOTES OF THE MEDICINES MANAGEMENT GROUP MEETING**  
**HELD ON MONDAY 21<sup>ST</sup> OCTOBER 2013**

Present:

**Part A: Enabling Medicines Management Project**

Project Delivery		TIMESCALE	ACTION
10.01	Surgery CB to identify what more can be done to resolve the issues within wound management and to reduce spend on dressings recommended by surgery	11 Nov 13	
10.02	Mental Health CB to produce milestone orientated switching plan for identified schemes	11 Nov 13	
10.03	Medicine and Surgery CB to progress switching plans, pace needs to be increased	11 Nov 13	
10.04	Month 7 financial report to detail progress with switching schemes	19 Nov 13	
<b>Communication, Engagement and Reporting</b>			
10.05	Work to continue to capture the 'Voice of the customer', progress report at the next meeting	11 Nov 13	
<b>Strengthening Formulary use and Management</b>			
10.06	1 <sup>st</sup> line vs. 2 <sup>nd</sup> line reporting to be used, initially targeting areas with savings attached, progress report at the next meeting	11 Nov 13	
10.07	New Additions to the Formulary to be brought to MMG on 19 <sup>th</sup> of Nov for final sign off	11 Nov 13	
<b>Strategic Medicines Management Plan</b>			
10.08	Briefing paper needed for Clinical Board Directors to detail the proposal for electronic prescribing in secondary care	20 Nov 13	
<b>Medicines Management Governance</b>			
09.15	ToR membership to be finalised and forwarded to HSMB for approval	11 Nov 13	

**Part B: Corporate Medicines Management Group**

1. Apologies for absence
2. Declarations of interest  
None.
3. Minutes of last meeting – 24<sup>th</sup> September 2013  
Accepted as accurate.

4. Matters arising

a) *Mental Health prescribing issues*

■ noted the discussion that had occurred at the shared care sub committee on 15<sup>th</sup> October and expressed concern about the limited progress. The issues will be put on the agenda of the Mental Health medicines management group on 8<sup>th</sup> November.

b) *Guidelines on the Diagnosis and Management of Vitamin D Deficiency in Children and Adults*

■ had met with ■ and completed the proposed amendments for the guidelines. The guidelines will be disseminated and publicised through the Intranet. ■ has also agreed to meet with the top-10 GP practices to support implementation. It was agreed that the guidelines and their implementation would be reviewed at corporate MMG in six months time.

5. Drug & Therapeutic Committee

a) *Minutes of meeting held 26<sup>th</sup> September 2013*

The minutes were noted including the decision that Cwm Taf and C&V will cease to have a joint D&TC from January 2014. It was agreed that the Chair will formally write to thank ■ (Cwm Taf Health Board) for chairing this committee over a number of years.

b) *Topical dermatological specials*

The proposed formulary list of dermatological specials agreed at D&T committee May 2013 was noted and approved. The list is consistent with British Association of Dermatology (BAD) guidance.

c) *Formulary decisions 26<sup>th</sup> September 2013*

See appendix for summary of decisions.

6. Management of medicines across the healthcare community

a) *Non formulary prescribing requests from NHS & Private Practice*

■ outlined the work being undertaken in primary care to collate inappropriate prescription requests from NHS and private practice. The incident reporting system was implemented in December 2010 and, whilst recognised under reporting occurs, a significant number of inappropriate requests are being made. In addition to the existing individual prescriber feedback it was agreed that collated feedback should be provided to individual Clinical Board MMGs. It was also noted that the system needs to be seen to work in order to encourage GPs to report. The category "out of scope of practice" will be clarified to support the feedback.

■ agreed to circulate the letter he has sent regarding prescribing requests from private practice to Clinical Board directors and pharmacists.

Consideration will be given to drafting a letter for GPs to provide to patients. The proposed "management of inappropriate prescribing" policy should also incorporate this process.

b) *IPD – Perampanel in Child health & Formulary category*

■ presented the implementation plan which has been signed off by the relevant parties. The drug is associated with a patient access scheme in Wales which allows “rebate” to primary or secondary care. Therefore the formulary category will be specialist initiated.

c) *Proposal to amend formulary status of Rivaroxaban*

■ outlined the proposal to change the formulary status of Rivaroxaban for patients receiving long term prophylaxis of the VTE to specialist initiation. There are currently 19 patients who match agreed criteria for long term use of Rivaroxaban (as an alternative to LMW heparin) and these patients currently occupy a whole months Haematology clinic to facilitate repeat prescribing. During discussion it was noted that, as with all patients on an anticoagulant, an annual review of their treatment is needed and GPs would benefit from detailed advice on the content of this review. ■ agreed to send a draft care pathway to ■ for comment. The appropriateness of an enhanced service fee for GPs may need to be discussed.

It was noted that the HASBLED score has not been validated outside of AF although elements of the assessment could be used. It was also noted that the management of bleeding complications would be consistent with other patients as previously agreed.

The proposal was supported given the above conditions.

d) *NOACs for the prevention of stroke and systemic embolism in AF*

SG outlined the updated UHB recommendations on Prevention of stroke and systemic embolism in atrial fibrillation – NICE TA249 (dabigatran), TA256 (Rivaroxaban), TA275 (Apixaban) which reflect the license coverage of the alternative agents. It was agreed that a tabular format of the drug comparison was preferred. The guidance was approved for dissemination.

7. Items for approval

a) *Procedure for the Safe Handling and administration of Intrathecal Chemotherapy*

The procedure was approved with a three year review date.

b) *Switching calcium & colecalciferol combination tablet preparations to the brand Accrete D3® tablets*

■ outlined the proposed switching protocol. Concern was raised about the size of the Accrete D3® tablets and likely patient compliance. The significant potential savings were noted and it was agreed to support the change in primary care with close monitoring of patient acceptability.

c) *Antimicrobial management group updated Terms of Reference*

The updated ToR and constitution were noted and agreed. It was suggested that rather than nominating medical and nursing reps from each Clinical Board that the Clinical Board Head of Medicines Management should identify an appropriate nominee as and when required.

8. Items to note
- a) *Report of Antimicrobial management group (October 13)*  
The report including key achievements and work plan were noted.
  - b) *Complementary Medicines Guideline*  
The final version was approved. The author with complimented on the clarity provided.
9. Any other business  
None
10. Date of next meeting  
2.00 – 4.00, Tuesday 19<sup>th</sup> November, Corporate meeting room, HQ, UHW

NotesMMG/s:lg/MMGOctober2013

**Formulary decisions - Bro Taf Localities DTC (BTDTCT) meeting 26 September 2013**

Product	BTDTCT Recommendation	BNF section	Cardiff & Vale decisions
<b>FORMULARY APPLICATIONS</b>			
Dymista (fluticasone and azelastine) Meda Pharmaceuticals	Dymista to be added to the formulary as a Third line product – to be supported by a clear protocol/pathway which outlines the steps to be considered prior to initiation.	12.2.1	Proposed care pathway to be considered by Specialist services and Primary care
Requests for Accrete D3, Kalcipos-D and Adcal D3 caplets were considered together with a review of the calcium and vitamin D products already in the Formulary.	The following was agreed: Calcichew D3 Forte - mark as Existing patients only Calceos chewable - leave as SECOND LINE Calcichew D3 caplets - remove from Formulary Adcal D3 dissolve - Second line soluble* Calfovit D3 powder - Second line soluble* (*attempt to rationalise to one) Adcal D3 caplet – reject application Kalcipos D Chewable tab - add to Formulary – Third line for patients with good calcium intake Accrete D3 – add to formulary FIRST LINE	9.5.1	A number of comments made on proposals. To rationalise to minimum number of options and ensure consistent with the approved UHB guidance document [REDACTED]
<b>FORMULARY REPORT</b>			
Ibandronic acid – change to/reconfirm as specialist recommendation?	Ibandronic acid tablets to be Specialist Recommended for the indication of osteoporosis only.	6.6.2	Agreed
Antiepileptic drugs - formulary status	AEDs to remain Specialist Initiated. GP comments to be sought outside the meeting.		GP comments- clarity on interpretation of what is meant by "specialist initiated" to ensure patient safety and appropriateness of treatment rather than just supply. This is a wider issue and will be referred to the formulary workstream
Oral Combined Contraceptives	The prescribing status of oral contraceptives be changed to second line with the exception of Microgynon 30, Ovranelle and Rigevedon, to		Agreed

Product	BTDTTC Recommendation	BNF section	Cardiff & Vale decisions
	encourage prescribing in line with ISH policy.		
Ketoconazole tablets These have been removed from the formulary following the recent MHRA warning of increased incidence of serious liver injury compared with other oral anti-fungals	This was noted	13.10.2	Agreed
Promethazine	<p>Clarification of the Formulary categories for promethazine. The following were agreed:</p> <p>Section 3.4.1 Sedating antihistamines: Oral – First line Injection – Hospital Only restricted to Obs &amp; Gynae</p> <p>Section 4.1.1 Hypnotics – Second line (oral) Injection to be removed from this section</p> <p>Section 4.6 Nausea – First line oral use. Injection to be Specialist Recommended</p>		Agreed
Eplerenone	Eplerenone – formulary category to be changed to Specialist Recommended.	2.2.3	Agreed
Ofloxacin eye drops	Ofloxacin eye drops to be added to the formulary - Hospital Only (the same category as ciprofloxacin eye drops).	11.3.1	Agreed