Appendix 1

Whittington Hospital Trust

Pharmacy Department

MEDICINES MANAGEMENT ANNUAL REPORT

2004-2005

'Medicines Management'

'Medicines management' in hospitals encompasses the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care'.

Audit Commission 2001

'Medicines management (MM) is a system of processes and behaviours that determines how medicines are used by patients and by the NHS. Effective MM will place the patient as the primary focus, thus delivering better targeted care and better informed individuals.'

National Prescribing Centre 2002

'Medicines Management means different things to different people and covers a wide range of processes. From when it is decided to prescribe a medicine, through supply and review to ensure it is effective and remains the optimum treatment. And in Government we are taking action to improve all these processes'

David Lammy, Health Minister December 2003

Appendix 1

Contents

Appendices

1 Executive summary

This Medicines Management Annual Report records achievements for the year 2004/05 and provides an audit of service provision.

It records accountability and arrangements for assuring safe and effective medicines management in the Trust. It presents the main elements of the Trust Medicines Management Strategy.

Medicines Management is a multi-disciplinary activity and is relevant to the work of a number of committees and individuals.

2 Medicine Management accountabilities

Medicines Management in the Trust is overseen by the Director of Pharmacy on behalf of the Chief Executive, as expected by the Healthcare Commission and previously the Audit Commission.

Medicines Management is governed through the Drugs and Therapeutics Committee which formally reports to the Hospital Management Board. Appendix 1

Drug and Therapeutics Clinical Committee (D&TC) – Membership is Consultants. GPs, Hospital Pharmacists, Clinical Pharmacologists, Pharmacy Prescribing Advisors to the PCTs, General Managers, Finance representative, Assistant Director of nursing. The D&TC approves the introduction of new medicines to the Formulary; agrees prescribing guidelines; and reviews all medication policies and procedures.

D&TC Constitution and Functions at appendix 2

Beyond the Trust the Director of Pharmacy attends the PCT Medicines Management Committees and the SHA Drugs savings group to establish appropriate prescribing responsibilities between the Trust, PCTs and GPs.

3 Trust Medicines Management Strategy

The strategy is attached. (see appendix 3).

3.1 The MM strategy forms the basis for all protocols and guidelines, the agreed prescribing framework; formulary information; shared care agreements and classification of prescribing responsibilities between the hospital and GPs.

3.2 Key elements of the strategy address the framework for medicines management in the Trust. A major part of this is the work is the relationships with local PCTs

3.3 The flow diagram for the managed introduction of new medicines to the Trust is at Appendix 4

3.4 Trust Consultants are advised not to request GP prescribing of non-formulary drugs, however GPs still report problems in this area.

3.5 Non medical prescribing is developing in the Trust under the supervision of individual consultants. A policy is in place and new opportunities for service delivery explored.

4 Policies, Procedures and Prescribing Framework

4.1 To support a robust system of medicine management, a comprehensive range of policies and procedures to manage medicines in the Trust have been agreed. These are reviewed every two years. They are disseminated via the Trust intranet. The policies include:

- Administration of Medicines; Policy
- Medication Errors Reporting System

- Medication Errors; Procedure
- Ordering & Storage of Medicines; Procedure
- Prescribing of Medications; Procedure
- Patient's Own Drugs; Procedure
- Self-Administration of Medication; Procedure for selected areas
- Patient Group Directions; Policy
- The safe administration of Vincristine and other Vinca Alkaloids
- Potassium; Policy
- Dispensing and Supply; Procedure
- Unlicensed Medicines; Policy
- Non-Medical Prescribing Policy;

4.3.1 Patients visiting WH are dispensed a 28 day supply of medicines from the Out-Patients Pharmacy.

4.3.2 Patients' own drugs (PODs) that are fit for use are re-used in the same patient. Marketing via GP surgeries and local Pharmacies via posters and leaflets to patients to encourage them to bring their own medicines to the ward is implemented periodically

4.3.3 A one-stop dispensing service is provided on admission on some wards. The patients use the medicines dispensed during their in-patient stay and take the supply home at the point of discharge. Patients receive up to 28 days supply at discharge (minimum of 7 days) (when no POD available).

4.3.4 A team of pharmacy technicians provide a safe system of work to support other ward staff in implementing a safe approach to the re-use of medicines and one stop dispensing. They are also developing support for patient self-administration systems.

4.4 Patient Group Directions, which permit non medical staff, in government defined health care groups, to supply or administer medicines without a prescription, are approved by the D&TC. Templates for some PGDs suitable for adoption across the Trust are available on the Intranet

5. Report on 2004-05 programme of work

The Pharmacy completed an action plan of work in respect of medicines management issues these included:

Audit of medicines interventions by ward pharmacists

Audit of proton Pump Inhibitor drug use

Audit of allergy box completion on drug charts

National Patient Safety Agency (NPSA) initiatives

- Potassium (safe storage; increased use of ready to use infusion solutions)
- Methotrexate (Patient held record books, shared care guidelines, audit)

Audit of iv to oral antibiotic use

5.1 Medicines Management Framework: self audit and report on action plan

This government Medicines Management Framework (MMF) has two stated main purposes. Firstly, to make clear to Trust Chief Executives their responsibilities regarding the management of medicines within their trusts and the related health economy. Secondly, to assist trusts in developing systems ahead of the Value For Money audits.

5.2 Results

Appendix 1

WH 2003 SCORES BELOW

Domain Scores

A. Senior Management Involvement	18	(out of 20)
B. Information, Finance and Business Planning	16	(out of 20)
C. Medicines Policy	24	(out of 28)
D. Procurement of Medicines	15	(out of 16)
E. Designing Services Around Patients	10	(out of 16)
F. Influencing Prescribers and Training	8	(out of 16)
G. Managing Risk	14	(out of 20)
Overall Score		(out of 105 /136).....77%

5.3 Medication Errors / Risk management

- Pharmacists intervene to improve prescribing on their daily ward rounds. They report on these as part of a London Wide audit of pharmacist interventions. Typically the number of interventions is of the order of 2,000 per annum. This figure is derived from the sample reporting. Pharmacists will complete an incident form for all serious prescribing errors.
- There have been improvements in doctor, pharmacist and nurse training on medication safety. New junior Doctors now undertake an evaulation test to assess their prescribing ability. This work has been supported from the pharmacy
- The Trust has updated all medication procedures and in particular modified its policy on allergy reporting so that pharmacist and nurses can record such information
- Updated unlicensed use of medicines policy and improved audit trail
- Pharmacists now record their advice in the medical notes and amend prescriptions to improve patient care in line with an agreed framework
- An antibiotic pharmacist was employed to improve prescribing of antibiotics
- Automation has been introduced in the In-Patient dispensary, and will be introduced to the out patient dispensary when the hospital redevelopment is completed in early 2006.
- Most wards now have individual medicines lockers for patient specific medicines at each bedside

Key areas for action in the forthcoming year are; implications of the Shipman report on controlled drug reconciliations, patients' own drugs reuse; more on training staff; and clinical guidelines management.

5.3.2 Audit and Cost control of prescribing

Directorate specialist pharmacists prepare regular reports of medicines usage for Divisional Directors, medical staff and general management use. These are intended to form the basis of decision making on medicines expenditure and risk assessment.

5.3.3 Electronic prescribing

- An electronic point of care initiative has been overtaken by the DoH plans re NPfIT and electronic prescribing
- An Electronic Discharge System has proceeded, pharmacy management is keen to progress this to enable pharmacists transcribing of patients TTAs.
- Pharmacists are supporting the EDS by inputting medicines information.

5.3.4 Non-Medical prescribing

- Trust policy agreed
- Pharmacists and nurses trained and running clinics, prescribing on wards, managing discharge medicines
- Pharmacists are able to amend discharge supplies to minimise duplication with patient supplies available at home; to align prescribing to policy; and speed the discharge process

5.3.5 Report on new product requests

The D&TC received 16 new product requests during 2004-2005. Thirteen were approved for use, one application is pending and two were refused. Appendix 5

5.4 Areas for further action

Areas requiring further input to be addressed in the Medicines Management programme of work for 2005-2006 to include

Horizon scanning i.e. planning for new medicines expected to reach licensed state in next financial year.

6. Medicines Management Programme 2005-2006

This reflects a continuation of the established strategic work and addresses areas of development for a system wide approach to Medicines Management i.e. joint working between primary and secondary care. It takes cognisance of the need to continue to take opportunities to promote patient safety and clinical cost effective practices. As such it is rooted in the Trust performance management framework, based on national performance domains and standards

The headlines of the programme are

- Pharmacy/Clinical Pharmacologist to work with Trust clinicians PCTs on guideline development and cost effective prescribing
- Electronic discharge system Pharmacists transcribing of medicines
- Prescribing guidelines published via intranet
- Therapeutic substitution
- Audits of medicines management (prescribing; allergy; individual drugs as per DTC)
- Medicines Management Strategy to be revised
- Training of staff in MM to be reviewed; induction and CPD
- Review of Medicines financial reporting
- Review horizon scanning planning and management

7. Medicine Management Resources

7.1 Pharmacy services

7.1.1 Purpose and objectives of the service

To provide a comprehensive, quality, cost-effective and accurate dispensing, distribution and clinical pharmacy service to the Trust. To ensure that the Trust complies with all legal and professionally required standards of practice. To contribute to the development of policies and procedures which relate to the patient medication process. To foster a learning organisation environment such that staff and the service develop in line with needs.

7.1.2 Service hours

The Pharmacy provides a 24 hour service. An on-call scheme is in operation outside of 'opening hours' for emergencies. The full service is available from 9am to 5.30pm. At weekends there is an emergency team in from 9.00 -11.30 a.m. and then on-call.

7.1.3 Service Profile

Policy and procedures re medicines in the Trust

Price negotiation and procurement of all required medicines

Drug stores management

Information system management (PIMS)

In-patient and out-patient dispensing

Discharge prescription dispensing

Clinical trial dispensing

Patient self-administration scheme management (limited availability)

Aseptic preparation of parenteral nutrition (in-patients and home therapy)

Reconstitution of cytotoxic chemotherapy for all in-patients and out-patients

Aseptic dispensing, e.g. eye drops, epidural injections etc.

Non-sterile production (via RFH)

Distribution of ward and clinic stock orders

Ward drug materials management (limited)

Quality control of raw materials used in production (via RFH)

Quality assurance of production facilities (via RFH)

Quality assurance of unlicensed products

Quality management (Pharmacy)

COSHH information and advice (via RFH)

Risk and Health and Safety management (Pharmacy)

Nutrition team -parenteral nutrition prescribing

Ethics committee - review all trials (Pharmacist chairs REC)

Prescribing and drug enquiry answering service

Patient information and counselling service (limited ??)

Drug expenditure analysis to directorates (limited)

Intravenous drug monograph preparation

Formulary management

Teaching-medical, nursing and pharmacy staff

Clinical Pharmacy service

Directorate service

Drug audit

Anticoagulation monitoring (specialist pharmacist service)

7.1.4 Key Performance Indicators

- Waiting times
- Errors
- Interventions to improve prescribing
- Availability of drugs

- Complaints
- Scope and level of activity of service provision (opening hours; on-call; patients visited; prescribing by pharmacists; new products introduced; full activity dataset)
- Financial management (budgets; waste/recycle and losses; stock turnover)
- HR management (sickness; turnover; appraisals; training)

7.1.5 Clinical pharmacy service

Business cases for additional capacity to deliver new services attract staff to provide services in line with needs, within the resources available. The capacity model used is based on that published in relation to critical care services by the Modernisation Agency

(http://www.ics.ac.uk/links_menu/modernisation.htm

"Clinical pharmacists should be an integral part of the critical care team to ensure safe and effective drug therapy. In common with AHP, there is considerable national variability in the levels of input and funding of pharmacists in critical care. Acute Trusts should therefore fund at least 0.05-0.1 WTE Grade D specialist clinical pharmacist for each single Level 3 bed and for every 2 Level 2 beds"

7.1.6 Service modernisation

In addition service modernisation has resulted in skillmix changes, new role development and new services that have been self funding. Pharmacists have trained as prescribers. Pharmacy technicians work clinically supporting medicines re-use and discharge medicines management. Several new posts have been developed to bring unskilled staff into the medicines supply chain. A regulatory framework is in place for all staff.

7.1.7 Training

Training of Pharmacy staff is governed by a Pharmacy Education and Training Strategy managed by a team of Pharmacists and technicians. All staff are trained and regulated. Pharmacists and technicians are registered (mandatory from 2007) with the Royal Pharmaceutical Society of Great Britain. CPD requirements for continued registration are required. A full programme of training is offered annually. On line training modules have been developed. Appraisal and personal Development Plans are in place. Induction and accreditation is in place for all new staff.

7. 2 Clinical Pharmacology

A consultant post with responsibilities for Medicines Management has been in post for 3 years. The key target for this post to facilitate medicines management and support the D&TC process with review and evaulation of medicines. The postholder has been very effective in new product assessment and in dealing with medical issues.

8. Education and Training

Training in managing medicines is delivered to all pharmacy staff at induction. Training modules have been developed for using patient's own drugs (PODs); self administration of medicines (SAM); risk management; and calculations.

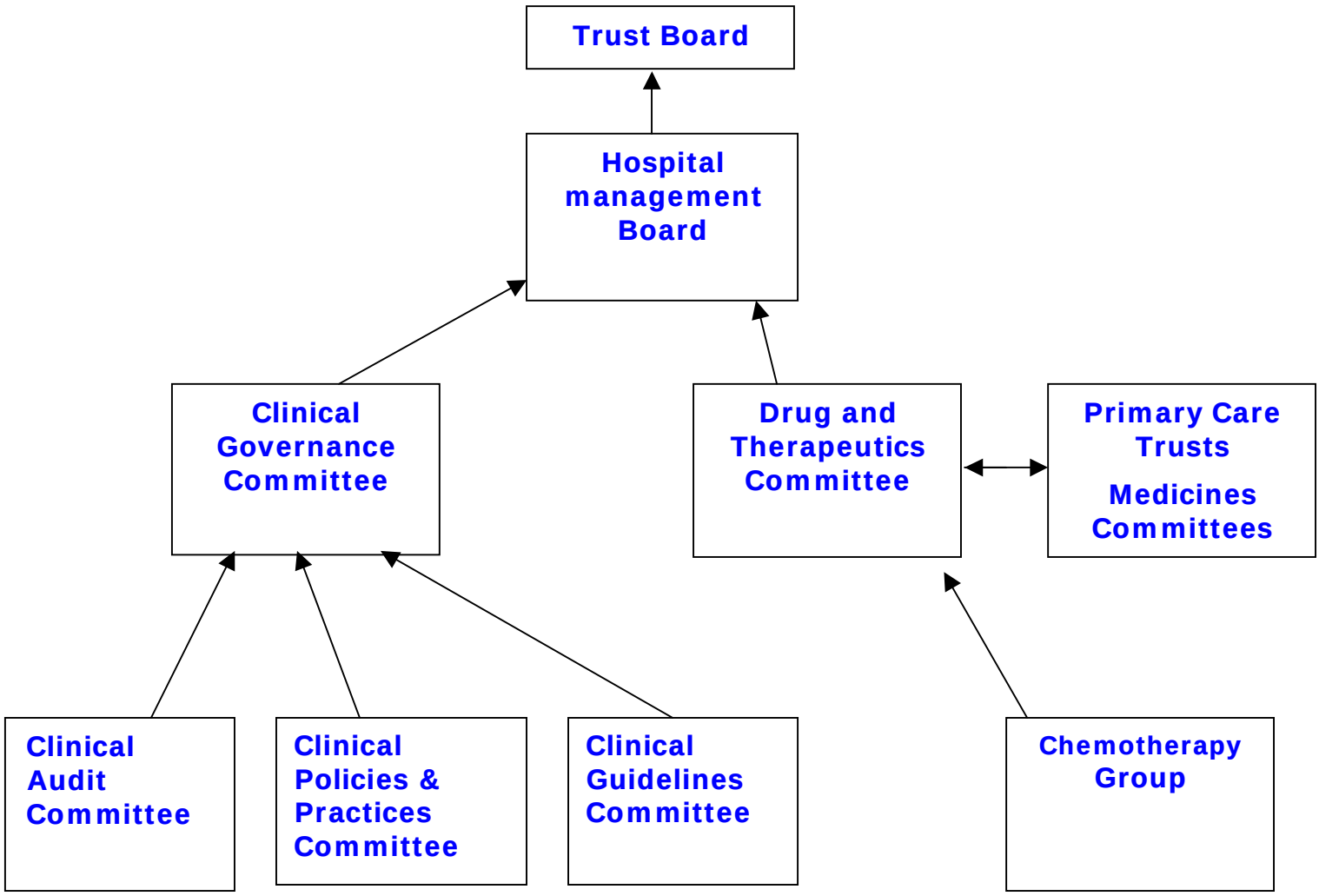
Pharmacy staff receive comprehensive medicines management training.

Pharmacists are sponsored for Clinical Diploma and Clinical masters courses.

John Farrell

September 2005

Appendix 1 Medicines Management reporting structure



Appendix 2

DRUGS AND THERAPEUTICS COMMITTEE (D&TC)

CONSTITUTION AND FUNCTIONS

1. MEMBERSHIP

Chair: Ms. F. Eben, Consultant Gynaecologist
Secretary: Mr. M. Bubb, Chief Pharmacist

Dr. L. Restrick, Consultant Physician
Mr. G. Heaton, Consultant, A&E Department
Dr. M. Kelsey, Consultant Microbiologist
Dr. G. Panch, Consultant Anaesthetist
Dr. A. Robins, Consultant Paediatrician
Consultant Surgeon (Vacant)
Dr. M. Okorie, Clinical Pharmacologist
Dr. L. Yap, Clinical Pharmacologist
Junior Doctors' Representative (SpR) x 1
Mr. J. Farrell, Head of Pharmaceutical Services
Ms. B. Coleman, Formulary Pharmacist
Ms. H. Taylor, Supplementary Prescriber Representative
Ms. N. Griffith, Oncology Pharmacist
Mr. R. Parekh, Chief Pharmacist, Mental Health Trust
Ms. L. Smith, Nursing Representative x 1
Mr. S. Stacey, Divisional Manager (Surgery & Cancer)
Ms. S. Cunnion, Finance Representative x 1
Dr. C. Fleming, Islington Local Medical Committee Representative
Haringey Local Medical Committee Representative
Islington Primary Care Trust Representatives x 2
Haringey Primary Care Trust Representatives x 2

The committee may co-opt members for a limited period, or invite any person to attend when a particular expertise is required. SpRs would be welcome to attend meetings as observers.

2. PERIOD OF OFFICE

The chair will be elected by the committee, and serve for a period of 3 years. Re-election for further periods is possible.

The chair should be a clinician who is not a Clinical Director.

3. DEPUTIES

Members should nominate a deputy to attend in their absence.

4. REPORTING ARRANGEMENTS

The committee will report to the Hospital Management Board, which will receive a copy of the committee's annual report.

5. MEETINGS

Meetings will be held every two months

Submissions for new drugs will be considered at each meeting. Each submission must be supported by **two** peer-reviewed publications forwarded to the Committee Secretary two weeks before the meeting in which they are due to appear as an agenda item. These publications should indicate that a new drug has advantages over existing formulary drugs in terms of efficacy, safety, convenience, or cost.

Prescribers will be asked to attend the meeting in support of their application.

6. FUNCTIONS

As the body responsible for monitoring overall drug expenditure, the Drug & Therapeutics Committee has authority for determining and executing policies that ensure cost-effective use of medicines throughout the hospital.

6.1 To advise Directorate Managers on the efficacy, safety, and cost implications of new drugs submitted to the committee.

6.2 To advise Directorate Managers on the cost implications of any change in existing prescribing practice across the hospital drugs budget.

6.3 To advise Directorate Managers in drug expenditure control systems, drug usage trends, and projected expenditure patterns.

6.4 To establish and monitor the prescribing policy for out-patients.

6.5 To ensure that hospital prescribing policy complies with current NHS Management Executive directives, and with the terms of our contracts with purchasers.

6.6 To instigate inquiries into the use of specific costly drugs or prescribing practice.

6.7 To produce a Hospital Formulary which will be updated after each meeting, and revisions published on the Trust intranet.

6.8 To ensure that adverse drug reaction reporting systems are available.

6.9 To consider the effect which clinical trials may have on drug budget expenditure.

6.10 To maintain standards of prescribing of a quality acceptable within the Trust, and to purchasers whose interests are represented by PCT members.

6.11 To prepare a policy for drug representatives who may visit the hospital. To monitor their activity against an agreed protocol.

7. DEVOLUTION OF DRUGS BUDGET TO DIRECTORATES

The Drug & Therapeutics Committee will receive information on Directorate drug expenditure, and review the overall expenditure position. Where necessary measures will be taken to rationalise drug usage and provide advice to Directorate Managers on drug cost containment policies.

8. SHARED CARE SCHEMES

The Drug & Therapeutics Committee will, where appropriate, recommend the development of shared care schemes for drug prescribing and management of treatment with G.P.s

9. USE OF MEDICINES NOT LISTED IN THE HOSPITAL FORMULARY

The Chair of the Drug & Therapeutics Committee, Clinical Directors, or individual Consultants may authorise the use of medicines not listed in the Hospital Formulary. A listing of these medicines will be presented at the next meeting of the committee following their use. This provision enables the use of medicines on an urgent or exceptional basis for individual patients.

Where patients attend hospital for a short stay procedure and are taking medicines not in the Hospital Formulary the Ward-Pharmacist will make provision for the continuity of supply, either by the use of the patient's own medicines (if appropriate), or by ordering a small quantity for their use only.

Appendix 3

Trust Medicines Management Strategy

1. Introduction

There are three key drivers for a Medicines Management Strategy

- Clinical governance
- Controls assurance
- Medicines Management Performance Framework

2. Clinical governance

2.1 'Clinical Governance' is the corporate accountability for clinical performance and is seen as an extra dimension to professional self-regulation and individual clinical judgement. Clinical performance as it relates to medicines is a key area for attention.

2.2 The use of drugs and the quality of prescribing are a significant element. This is particularly true in the areas where there are identified risks and possible risk reduction strategies are known.

2.3 Clinical governance issues related to medicines are managed in the Trust through a number of different systems:

2.3.1 Medicine management systems:

Prescribing and administration policies and procedures

Formulary management

Therapeutic guidelines development

Safe medicine storage and disposal processes

Centralised IV additive services (chemotherapy)

Medication error management

IV medicine information monographs

Shared care protocols (GPs/consultants)

Product recall/defective medicines systems

Adverse Drug reaction reporting

Drug utilisation review

'Patient Group Directions' development

Unlicensed medicines use management

Patient helplines

Illicit drug use procedures

Patients Own Drug and Self Administration schemes (Limited)

2.3.2 Education and development

2.3.3 Risk management

2.3.4 Clinical audit

2.3.5 Research and development

2.3.6 Clinical information systems

2.4 Beyond the processes and systems in place, clinical staff, in a number of disciplines, have responsibilities for the use of medicines. Clinical pharmacy practice is particularly concerned

with clinical performance as it relates to medicines usage. Standards for clinical pharmacy practice in the Trust are in place.

2.5 NICE (National Institute of Clinical Excellence) guidance is considered at each meeting of the current Drug and Therapeutics Committee (DTC) . Existing hospital policy in relation to new guidance is reviewed. The Chairman of the DTC reports on any issues to the Chair of the Clinical Governance Board though the DTC minutes.

2.6 The Pharmacy Department is responsible for ensuring a safe and efficient operating framework for the supply, storage and use of medicines in the Trust.

3. Controls Assurance

3.1 NHS Executive - Controls Assurance Standard

Controls assurance is a recent government initiative to manage risk in the NHS. Seventeen standards have been developed. All details are available on the Trust intranet site under 'controls assurance'. One is concerned with the safe and secure handling of medicines.

Standard

'MEDICINES MANAGEMENT (SAFE AND SECURE HANDLING)

STANDARD

The organisation handles medicines safely and securely, in accordance with legislative requirements and best practice.'

'The safe and secure handling of medicines in the hospital setting requires appropriate policies, procedures and quality assurance systems to be in place. This standard outlines legislative and best practice relating to the safe handling of medicines, including controlled drugs.'

4. Medicines Management Framework (MMF)

4.1 The Government published a Medicines Management Performance Framework for local audit in Trusts in 2001.

4.2 The MMF is undertaken through the D&TC process

4.3 A flow chart showing the managed introduction of new medicines to the Trust is attached as appendix 2. A policy for managing the use of unlicensed medicines is agreed and reflected in the flow chart.

4.4 A Trust Formulary is in place.

4.5 Any significant intervention to improve prescribing for an individual patient in the Trust by pharmacists or nurses must be recorded directly in the patient's medical notes.

4.12 The 'local health economy' PCT prescribing leads and their PCT Pharmacist Prescribing Advisors, meet at the D&TC to address common prescribing policy concerns.

4.13 Clinical Pharmacy practice in the Trust has been augmented in the last 3-4 years by securing resources through business planning, skillmixing and self-financing initiatives. A set of clinical and directorate standards are in place which describes the responsibilities of the pharmacists. Some areas are still in need of more input, e.g. Paediatrics but scarce resources limit this.

4.14 Certain areas of the hospital now receive pharmacy supported discharge planning, self medication schemes and improved management of patient's own drugs (PODs).

4.15 Non medical prescribing is developing in the Trust under the supervision of individual consultants. Training of pharmacists and nurses for this role is underway.

4.16 A comprehensive range of policies and procedures has been agreed:

- Administration of Medicines; Policy: Procedure
- Medication Errors; Policy; Procedure
- Ordering & Storage of Medicines; Procedure
- Prescribing of Medications; Policy; Procedure
- Patient's Own Drugs; Procedure ??
- Self-Administration of Medication; Procedure (Limited)
- Patient Group Directions; Policy
- The safe administration of Vincristine and other Vinca Alkaloids ; Policy
- Potassium; Policy
- Dispensing and Supply; Procedure
- Unlicensed Medicines; Policy
- Prescribing and administration of cytotoxic drugs; Policy

4.17 Agreement is in place to provide dispensing for trust patients with a 28 day supply of medicines. The costs and benefits of continuing this dispensing service to all patients is under review.(?? Is it?)

4.18 Agreement is in place to re-use all patients' own incoming drugs (PODs) that are fit for use. Marketing to promote patients bringing their own medicines to the ward is being implemented.

4.19 Agreement is in place to provide a one-stop dispensing service on admission such that patients receive up to 28 days supply at discharge (minimum of 7 days) (when no POD available)

5. Work programme

5.1. Establish a joint DTC between hospital and primary care. – this is a medium to long-term objective

5.2. Plans to develop a clinical guidelines database need to be developed. These would form part of the decision support infrastructure linked to the Trust websites/electronic prescribing in the future.

5.3. Non-medical prescribing is now a legal possibility. Steps are underway to put this into our medicines management arrangements. Nurses and pharmacists are currently undergoing additional training. An update paper will be brought to the AEB.

Appendix 4

Managed introduction of new medicines to the Formulary

Consultant new request	**Consultant request for new drug using application form** To include - rationale for bid/level of evidence and degree of benefit - for own/wider use - any funding information (business plan; trial; replacing previous expenditure) - protocol/guidance re use - shared care proposal if for GP/Trust use.

↓

Directorate	**Clinical director requested to sign application form** To consider request and offer support or refusal . Supported bids to go to D&TC

↓

Pharmacy	**Formulary pharmacist prepares evaluation of request for D&TC.** Cost effectiveness is considered. Assessment if single directorate or hospital wide.

↓

Drug and Therapeutics Committee

Consultant presents case

↙ ↘

~~1~~APPROVED | **NOT APPROVED**

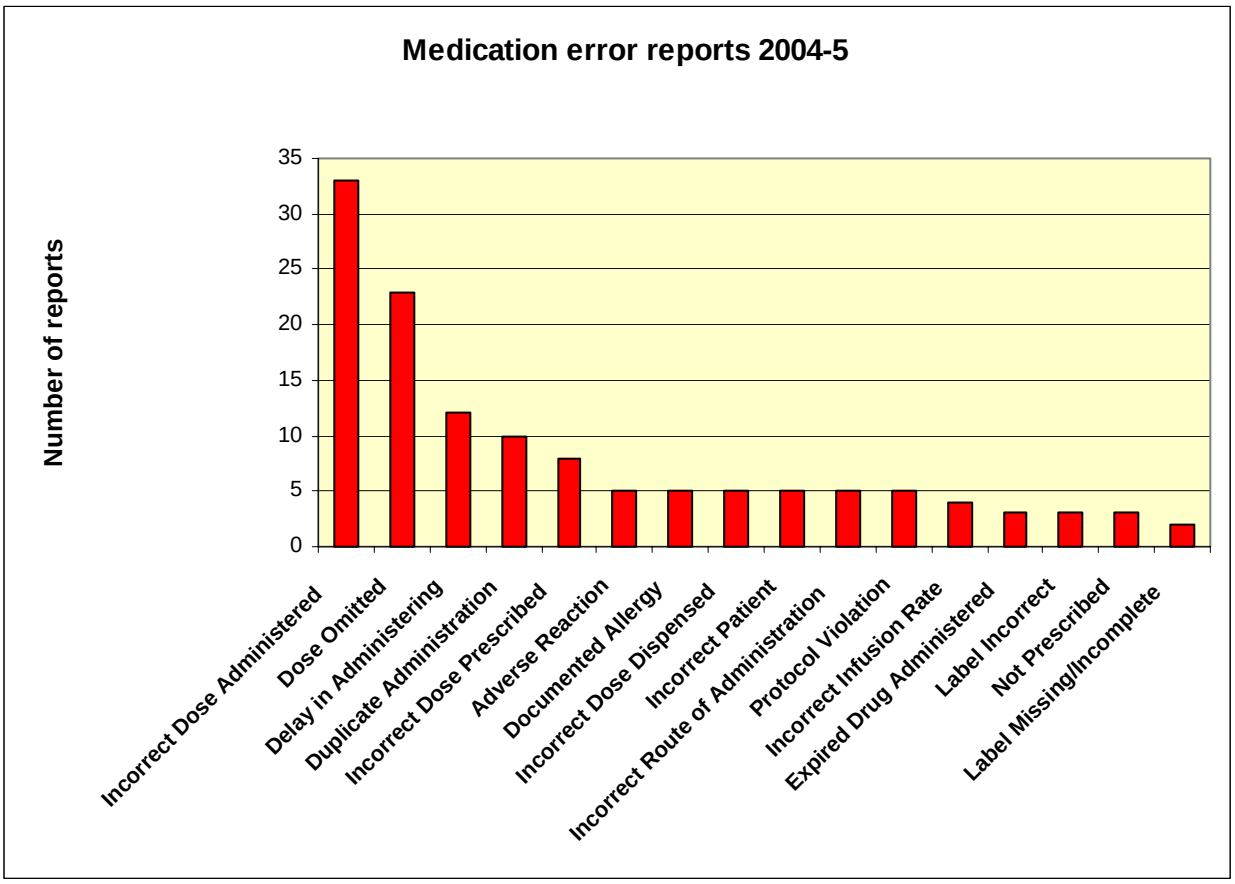
↓ ↓

DTC approves	DTC refers back with comments
a) for Trust (Formulary status) b) for directorate (Formulary restricted status) c) for consultant (Formulary restricted status) d) to consider whether 6/12 month or 1 year audit report to D&TC required	- more evidence - protocol inadequate - resubmission

Appendix 5

Medication Errors Apr 04- Mar 05

Between April 2004 and March 2005, 131 medication errors were reported through the Trust's incident reporting system. This figure excludes the 35 reports received relating to inappropriate storage of drugs or problems with stock control (predominantly controlled drugs).



The most common type of medication error was administration of an incorrect dose. Of these 33 reports, the majority were drug overdoses (22 reports), six were underdoses and in 5 cases it was difficult to ascertain what exactly happened.

Appendix 6

Summary of Requests to DTC for Additions to the Formulary: April 2004 – March 2005

Sixteen **new drug applications** were considered by the Drug & Therapeutics Committee in 2004-5, 13 of which were approved.

Drug & date	Indication & applicant	Decision	Estimated extra cost incurred pa (£)	Estimated cost avoided pa (£)	Pending / Outcome
Amphotericin – liposomal (Nov 2004)	Fungal infections Dr H Mackinnon	**Approved**	*£20K		
Caspofungin (March 2005)	Aspergillus infections Dr H Mackinnon	**Approved** Consultant-only As per guideline and shared care (GOSH)	£25K		
Cetraben (June 2004)	Bath additive Dr R Wakeel	**Approved**	£0		
Erlotinib (March 2005)	NSCLC (unlicensed drug) Dr S Ming-Lee	**Approved** Dr Ming-Lee only. Compassionate use with free supplies from Roche prior to licensing. Patients will be encouraged to enter TOPICAL trial.	£0		Application to be resubmitted once product is licensed (anticipated end 2005)
Insulin glargine (Jan 2003) (reviewed March 2005)	Diabetes Mellitus Dr M Barnard	**Approved** For use of Dr Barnard only	*£10K (includes cost of Autopen 24 device)		Feedback March 2005. Usage extended to other consultant diabetologists, Dr Raine and diabetes SPs

Appendix 1

Drug & date	Indication	Decision	Estimated extra cost incurred pa (£)	Estimated cost avoided pa (£)	Pending / Outcome
Insulin glargine (July 2004) (reviewed March 2005)	Diabetes Mellitus Dr J Raine	**Approved**	See above		See above
Iodixanol (Visipaque) (Nov 2004)	Contrast media Dr Grant	**Pending**			Dr Grant to be asked to attend DTC meeting to support his application
Levobupivacaine (Sept 2004)	Local anaesthesia Dr S Ishaq / Dr S Makinde	**Not approved**		£30K	
Menopur (March 2005)	Ovulation induction Miss H Morgan / Pharmacy	**Approved** To replace Puregon	£30K (cost saving)		
Olmesartan (June 2004)	Hypertension Dr M Barnard	**Not approved** No advantage over existing agents in this class		£0	
Paracetamol iv (Sept 2004)	Peri-operative analgesia Dr S Isahq	**Approved** As per conditions of audit proposal.	£500 (£50 actual expenditure from 12/04)		Report back to the D&TC in 18-months (May 2006)
Paracetamol iv (Sept 2004)	Peri-operative analgesia Dr MacKinnon	**Approved**	See above		Protocol presented Oct 04. Approved
Pimecrolimus cream (June 2004)	Atopic eczema Dr R Wakeel	**Approved** For use by Dr Wakeel in accordance with NICE guidance	£0	-	

Appendix 1

Drug & date	Indication	Decision	Estimated extra cost incurred pa (£)	Estimated cost avoided pa (£)	Pending / Outcome
Recombinant Factor VIIa (March 2005)	Massive blood loss (unlicensed use) Dr F Shah	**Approved** Consultant to consultant recommendation as per guideline. To be kept in blood bank.	£25K (4 patients per year)		
Triptorelin inj (Jan 2005)	Precocious puberty Dr J Raine	**Approved**	£5K		
Voriconazole (March 2005)	Aspergillus infections Dr H Mackinnon	**Approved** Consultant-only As per guideline and shared care (GOSH)	£6K		

* = actual expenditure