

Regional Medicines Optimisation Committee (RMOC) Position Statement

Rarely Used and Urgent Medicines List June 2019, February 2021 update

Recommendations

- NHS England Regional Procurement Specialists to ensure each Trust Chief Pharmacist is aware of the Define code for other Trusts in each region
- Trust Chief Pharmacists to ensure that Define codes for local Trusts, together with the SPS document “Rarely Used Medicines: How to view them on Define”, are available in on-call packs
- Trust Chief Pharmacists to ensure that on-call staff are set up with individual Define user names and are trained to use Define as part of on-call induction
- Trust Chief Pharmacists to ensure that procurement and on-call staff are familiar with the process of using Define in order to identify which Trust has a RUUM in stock.
- Trust Chief Pharmacists should ensure that procurement and on-call staff are aware how to order medicines from local hospitals when a RUUM is needed.
- Trust Chief Pharmacists to ensure that local SOPs reflect the recommendations in this Position Statement
- Trust Chief Pharmacists to put systems in place to ensure the stock management tool (Extend) provided by Rx-Info is updated daily.

Background

The Regional Medicines Optimisation Committee reviewed the use of Rarely Used and Urgent Medicines (RUUM) lists in [November 2018](#).

RUUM lists are useful for hospital pharmacy departments to help them plan storage and supply arrangements for medicines which are not routinely used. In the past, hospitals and regions in England have referred to “Rarely Used Medicines”. To focus attention on storage of medicines that also need to be supplied quickly, the terminology used also includes “Urgent”. This brings us into line with practice in Scotland.

There is an on-going need to maintain RUUM lists, therefore the RMOC agreed that a single national list would decrease the overall workload, allow more timely updates and enable regular maintenance to take place. A single, national list of potential RUUMs has been developed for use in England by the Specialist Pharmacy Service. This list was based on examples obtained from across England, and from Scotland and Northern Ireland. This list does not contain any medicines that are antidotes, as these are covered under separate [recommendations](#).

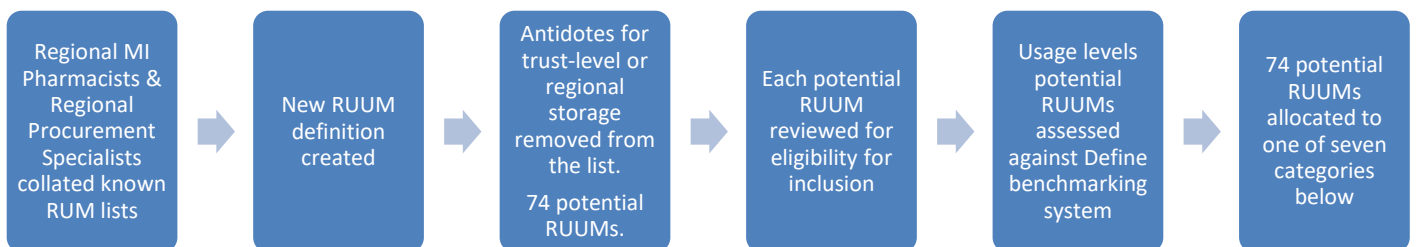
Define, software developed by Rx-info, is currently being rolled out to all NHS Trusts in England. This system is able to display which Trusts have issued medicine. This can be used as a proxy for determining which Trusts are likely to stock medicine. This will provide procurement and on-call staff with access to additional data than they would otherwise have had to help them identify which Trust(s) to call to locate stock.

The purpose of this list is to indicate to Trusts which medicines it is imperative to stock locally, and which it is likely to be possible to obtain through via other methods when the need arises. Chief Pharmacists should take into consideration specific characteristics of their Trust when considering how to implement this advice; there may be unique characteristics that make it more important for the Trust to have immediately available stock of certain medicines.

Definition of a RUUM

1. There is an urgent or imminent need (< 4 hours) for that specific medicine in situations which cannot be planned in advance.
2. There is no manufacturer / wholesaler / unlicensed medicines importer supply arrangement in place that would allow sufficiently timely access to the medicine (inc. consideration for access out of hours).
3. There are no reasonable therapeutic alternatives that could be easily accessed. Clinically, it is the only appropriate therapeutic option for management of a specific condition / clinical scenario.
4. The anticipated frequency of use is sufficiently rare (less than 50% of Trusts using Define have issued in a 12 month period) that sharing of financial liability would be desirable to participating trusts, and the medicine may potentially be required by any patient at any general hospital in a given region.
5. It is not a medicine for which the Royal College of Emergency Medicine (RCEM) / National Poisons Information Service (NPIS) have advised local stock-holding / access within an hour. (Arrangements for pan-regional antidotes will not be part of RUUM list holdings within England.)
6. It is not a medicine that most Trusts would routinely be expected to stock, due to the predicted frequency of use or urgency of need to administer.
7. Is not a medicine that would be expected to be kept within specialist centres within, or close to, each region e.g. paediatric, cardiac, mental health etc.

How the RUUM list was developed



Categories	
1) Not rarely used	These medicines were all found to be widely used throughout the NHS. Define data indicated a high level of usage (>50 sites in last 12 months) so this means that: <ol style="list-style-type: none"> All sites should consider keeping these medicines if appropriate to local needs, if they don't already. Selecting sites to keep these medicines on behalf of a region would not be helpful given their wide level of utility. They would be relatively easy to access from local hospitals out-of-hours if this was necessary.
2) Not urgently required	These medicines did not meet RUUM list criteria for the following reasons <ol style="list-style-type: none"> Not urgent and could be ordered as patient need arose. Other therapeutic alternatives exist that could be used instead. Hospital usage would be guideline driven in which case local storage would be required. Procurement and stock of these could be planned in advance.
3) Highly specialist medicines	In this group were medicines that were highly specialist and would only be utilised by certain sites and specific specialities (e.g. cardiology, paediatrics). As a consequence they would not generally be appropriate for lending between sites. These sites would be most likely to routinely stock these items and could be approached should the urgent need for stock arise.
4) No longer recommended/ available	Several medicines within the collated RUM lists were now no longer available or had been withdrawn. There were also some medicines listed whose use had become unnecessary due to other alternative therapies taking their place.
5) Alternative supply arrangements in place	This group consisted of medicines that were on existing RUM lists but were not appropriate for holding at newly established sites within the various regionals. This is because there are already effective storage and supply arrangements in place for these medicines.
6) No longer recommended	There were a small number of items whose clinical relevance had reduced significantly over time and are now no longer recommended therapies.
7) RUUM	The medicines were felt to meet the RUUM criteria listed above.

The majority of medicines once considered "rarely used" are actually quite widely utilised across the country. There are also a significant number of medicines that are either highly specialist therapies or specific provisions were already in place to make them available if required. One medicine, rabies vaccine, is subject to a specific request from PHE that all Trusts hold up to 4 doses per site (1).

Only 3 medicines remained at the end of the review process that met the RUUM definition. These were:

- Flucytosine 2.5g injection
- Potassium Ascorbate 10% eye drops
- Trometamol Infusion

It was agreed with the RMOC that it would be more beneficial for front line staff that they be provided with a resource to identify which Trust is likely to currently hold a RUUM. Pre-built reports were created in Define for 45 of the 74 potential-RUUMs identified as part of this process. On-call and procurement staff can use these reports to identify likely holding sites.

For 29 medicines there were specific reasons why there was no need to build a ready-made report.

Please consult the table below for the complete set of explanations.

This process relies on on-call and procurement staff having access to Define and to a list of Trust codes that allow them to identify individual Trusts from the three digit code used by Define. Each Trust will be provided with a list of codes for other Trusts in the region by their Regional Procurement Specialist. Trusts have not agreed to share information on Define outside their region, so it is not possible to provide these codes for other regions.

Advice and action for commissioners and providers

- Providers should ensure that arrangements are in place for procurement staff and on-call pharmacists to access Define (requires N3 connection), and that relevant staff are trained to use the system to identify hospitals that are likely to hold stock of RUUMs.
- Providers should review on-call arrangements to ensure recommendations in this statement are incorporated.
- No advice or actions for commissioners.
- If a patient experiences harm as a consequence of following this recommendation, please complete a local incident report and inform your Regional Procurement Specialist

References

- (1) Rabies vaccine provision for post-exposure treatment. Letter: Public Health England, 8/9/20
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/916120/Rabies_vaccine_letter_for_AE_consultants_and_pharmacists_Sep2020.pdf

Document control

Document location

Copies of this document can be obtained from <https://www.sps.nhs.uk/>

Revision History

Revision Date	Actioned by	Summary of changes	Version
Oct 2020	JM	Rabies vaccine moved to Group 1. Reference to PHE letter added.	1.1

Approvals

Name	Date of Approval	Version
RMOC London	June 2019	1
RMOC London (Chair's Action)	17 December 2020	1.1

Consultation

The production of this position statement involved consultation with RMOC members, plus the following:

- SPS: James Kent, Sue Dickinson, Christine Randall, Tiffany Barrett, Alison Alvey, Sheena Vitlani
- London Procurement Partnership: Lisa Davidson
- Welsh Medicines Information Centre: Fiona Woods
- NHS National Services Scotland: Lindsay McClure

Further information

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If you have a Medicines Optimisation issue which is affecting current practice
[raise a topic](#)



Disclaimer

This statement represents the views of the RMO system, arrived at after consideration of the best available evidence. The committees include a range of stakeholder representatives who have helped shape the recommendation. Membership of the committee can be viewed via the [SPS website](#). This advice is not mandatory, unlike NICE guidance, but commissioners and providers are expected to take this statement into account, alongside the individual needs, preferences and values of patients and service users. The statement does not override the responsibility to make decisions appropriate to the circumstances of the individual. However, commissioners and providers have a responsibility to consider implementing this statement, in their local context, in the light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this statement should be interpreted in a way which would be inconsistent with compliance with those duties.

Categorisation of RUUMs

RUM List Medicines	Category	Notes	Pre-built report in Define available*
Anti-D (Rho) Immunoglobulin	Group 1	Very widely used. Also via by Path Labs	Yes
Arginine injection	Group 1	Very widely used.	Yes
Argipressin / vasopressin	Group 1	Very widely used.	Yes
Artesunate	Group 1	Very widely used.	Yes
C1-esterase inhibitor injection	Group 1	Very widely used.	Yes
Carboprost injection	Group 1	Very widely used.	Yes
Coag Factor IX (Beriplex/Octaplex)	Group 1	Very widely used. Also via by Path Labs	Yes
Cyproheptadine	Group 1	Very widely used.	Yes
Desferrioxamine injection	Group 1	Very widely used.	Yes
Diazoxide	Group 1	Very widely used.	Yes
Factor VIIa Inj (Eptacog Alfa)	Group 1	Very widely used. Also via by Path Labs	Yes
Human Normal Immunoglobulin	Group 1	All relevant hospitals will stock this.	No
Ibuprofen injection	Group 1	Very widely used.	Yes
Levo-Carnitine Injection	Group 1	Very widely used.	No
Magnesium SO ₄ , 50% Inj 10ml	Group 1	All relevant hospitals will stock this.	No
Magnesium SO ₄ , 50% Inj 2ml	Group 1	All relevant hospitals will stock this.	No
Midazolam (buccal)	Group 1	All relevant hospitals will stock this.	No
Oseltamivir Caps/Suspension	Group 1	All relevant hospitals will stock this.	Yes
Pentamidine Injection 300mg	Group 1	Very widely used.	Yes
Primaquine Tablets 7.5mg	Group 1	Very widely used	Yes
Quinine dihydrochloride injection	Group 1	Very widely used	Yes
Rabies Vaccine	Group 1	Widely used. Also available via PHE (1)	No
Sodium Benzoate Injection	Group 1	Very widely used.	Yes
Sodium Phenylbutyrate Injection	Group 1	Widely used.	Yes
Terlipressin injection	Group 1	Very widely used	No
Tetanus Immunoglobulin (Vigam)	Group 1	All relevant hospitals will stock this.	Yes
Bee venom extract	Group 2	Not needed urgently, order when required	Yes
Biotin Injection 5mg/5mL	Group 2	Not needed urgently, order when required	Yes
Danaparoid Injection	Group 2	Keep if on local guideline. Very widely used.	Yes
Dexrazoxane (Savene)	Group 2	Keep if on local guideline	Yes
Doxycycline injection, 100mg	Group 2	Keep if on local guideline	Yes
Edrophonium injection	Group 2	Keep if on local guideline. No longer recommended.	Yes
Magnesium SO ₄ , 40% oral soln	Group 2	Keep if on local guideline.	No
Milrinone injection	Group 2	Keep if on local guideline. Very widely used.	Yes
Potassium canrenoate injection	Group 2	Not needed urgently. Paed centres to keep.	Yes
Praziquantel 600mg tablets	Group 2	Not urgently needed. Widely used.	Yes
Wasp venom extract	Group 2	Not needed urgently, order when required	Yes
Anti-Thymocyte Globulin (ATG)	Group 3	Specialist centres (Transplant)	Yes
Aprotinin	Group 3	Specialist centres (Cardiology)	Yes
Carglumic Acid 200mg Dispersible Tabs	Group 3	Specialist centres (Paediatrics)	Yes
Chlorhexidine Eye Drops 0.02%	Group 3	Specialist centres (Ophthalmology)	Yes

RUM List Medicines	Category	Notes	Pre-built report in Define available*
Clozapine	Group 3	Specialist centres (Mental Health)	Yes
Defibrotide injection	Group 3	Specialist centres (Hepatology)	Yes
Levosimendan Injection	Group 3	Specialist centres (Cardiology)	Yes
Melperone tablets	Group 3	Specialist centres (Mental Health)	Yes
Ribavirin Inhalation	Group 3	Specialist centres (Oncology/Paeds)	Yes
Ribavirin Injection	Group 3	Specialist centres (Oncology/Paeds)	Yes
Riboflavin Tablets	Group 3	Specialist centres (Paediatrics)	Yes
Spiramycin Tabs 1.5 Million Units	Group 3	Specialist centres (Tropical Diseases)	Yes
Sulfadoxine and Pyrimethamine	Group 3	Specialist centres (Tropical Diseases)	Yes
Suramin sodium injection	Group 3	Specialist centres (Tropical Diseases)	No
Artemether Injection	Group 4	No longer available	No
Benzatropine 1mg/mL amps	Group 4	No longer available	No
Calcium Trisodium Pentetate (Ca DPTA)	Group 4	Antidote, but no longer recommended	No
Drotrecogin	Group 4	No longer available	No
Lepirudin	Group 4	No longer available	No
Oseltamivir IV	Group 4	No longer available	No
Phenoxybenzamine 50mg Inj	Group 4	No longer available	No
Trisodium Edetate 1g Injection	Group 4	Antidote, but no longer recommended	No
Anthrax Vaccine	Group 5	PHE arrangements in place	No
Botulism IG (BabyBIG)	Group 5	Supplies coordinated via NPIS	No
Diphtheria antitoxin	Group 5	PHE arrangements in place	No
Haem arginate	Group 5	Supplied by National Acute Porphyria Service.	No
Hepatitis B Immunoglobulin	Group 5	PHE arrangements in place	No
Rabies Immunoglobulin (HRIG)	Group 5	PHE arrangements in place	No
Varicella Zoster Immunoglobulin	Group 5	PHE arrangements in place	No
Zanamivir IV	Group 5	Obtain from GSK direct.	No
Dimercaprol injection	Group 6	No longer recommended, clinical alternatives	No
Methionine tablets	Group 6	No longer recommended, clinical alternatives	No
Physostigmine Injection	Group 6	No longer recommended by NPIS	No
Tolazoline Injection	Group 6	No longer recommended, clinical alternatives	No
Flucytosine 2.5g/250ml infusion	Group 7	Met RUUM list criteria	Yes
Potassium Ascorbate Eye Drops	Group 7	Met RUUM list criteria	Yes
Trometamol injection	Group 7	Met RUUM list criteria	Yes

* An automatic Define report is available where this is considered necessary. Automatic reports have not been created where supply is no longer recommended, supply is covered by another route, or where RUUM arrangements are unlikely to be relevant.

Details about Public Health England's supply arrangements through the Rabies and Immunoglobulin Service (RIGS) can be found here: <https://www.gov.uk/government/publications/immunoglobulin-when-to-use/rabies-and-immunoglobulin-service-rigs>