Chelsea and Westminster Hospital NHS Foundation Trust Trust Medicines Committee

Summary of Main Points from the Meeting held on Monday 13th July 2015

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the June 2015 meeting were approved and will be circulated.

3. Matters Arising

The Committee noted the matters arising from the previous meeting.

4. Formulary Applications

Full applications

Dapoxetine (Priligy[®])30mg and 60mg film coated tablets

Decision: Reject

Dapoxetine is indicated for the treatment of premature ejaculation in adult men aged 18 to 64 years. It is the only licensed drug for this indication. Current formulary alternatives include paroxetine and fluoxetine, both of which are used off license for this indication. The panel thought that this type of drug should be managed within primary care, however the application for dapxetine was rejected by NWLIF panel in September 2014.

NexoBrid 2g powder gel for gel

Decision: Accept

NexoBrid® is indicated for the removal of eschar in adults with deep partial and full thickness thermal burns. There are currently no formulary alternatives and so provides an alternative solution to the current standard of care which consists of surgical excision of the burn. The panel and Dr Leon-Villapalos agreed that it would be included to the formulary under the following criteria, which would be reviewed in a year:

- Consultant prescribing only
- For full thickness burns only
- For burns <5% total body surface area

Nivolumab 10mg/ml solution for infusion (Opdivo®)

Decision: Accept

Nivolumab is intended to be used for relapsed squamous cell NSCLC where licensed treatment options are exhausted/not appropriate. It will be supplied via an Expanded Access Programme for up to 24months or until included on the Cancer Drugs Fund List or 90 days after the date when guidance recommending use of the drug is issued by NICE.

Meningococcal group B Vaccines (Bexsero®)

Decision: Accept

Meningococcal Group B Vaccines is indicated for the use in:

- Children and adults with asplenia, splenic dysfunction or complement disorder (including those on complement inhibitor treatment)
- Neonates / infants: As part of the childhood immunisation policy from September 2015, newborn aged 2 months will be offered the MenB vaccine, which protects against meningococcal B disease, followed by a second dose at 4 months and a booster at 12 months. This public health initiative is funded by the DoH and the trust will not be charged for these patients

Individual funding requests (For noting)

• IFR - Apremilast for sarcoidosis (For noting)

Decision: Noted

For the management of a specific patient with sarcoidosis

• IFR - Fampridine for downbeat nystagmus (For noting)

Decision: Noted

For the management of a specific patient with downbeat nystagmus

• IFR – Alitretinoin Sjogren Larsson Syndrome (For approval)

Decision: Rejected

For the management of a specific patient with Sjogren Larsson Syndrome.

This IFR was discussed and the panel rejected it due to the patient's age and that switching treatment to alitretinoin should be considered when the patient was older.

Ex-Panel Requests

Tocilizumab 162mg pre-filled syringe

Decision: Approved

5. Trust Medicines Policy

• TMP Audit Action Plan 2014/15

Trust Medicines Policy Audit 2014/15 - Action plan as of June 2014.

TMP Audit standards 2015/16

Chelsea and Westminster Hospital NHS Foundation Trust Trust Medicines Committee

Trust Medicines Policy Audit 2015/16 - Audit Standards.

• Policy for the Safe Prescribing, Handling and Administration of Systemic Anti-Cancer Treatment Drugs Annual updates to the policy for peer review.

Intrathecal Cytotoxic Chemotherapy Policy

Updates to the policy for peer review.

· Policy for the safe dispensing, labelling and administration of vinca alkaloids

Updates to the policy to comply with Peer Review standards.

6. Medicines Management

Shortage of Ketamine 10mg/ml injection Memo

Decision: Noted

Trustwide memo circulated to Paediatric wards/theatres/A&E and NICU, in light of a shortage of ketamine 10mg/ml injection.

Trust PGD Lead

Decision: Noted

Vacancy for Trust PGD Lead.

PSA: Risk of death or severe harm due to inadvertent injection of skin preparation solution

Decision: Noted Relating report.

• Trust IV Administration Guide

Decision: Noted

Full updated Trust IV Administration Guide

7. NICE TA Guidance

6 Technology Appraisals for June 2015.

TA339 – Omalizumab for previously treated chronic spontaneous urticaria

Action: Add to formulary. Short application form received

• TA340 – Ustekinumab for treating active psoriatic arthritis

Action: Add to formulary pending a short application form from rheumatologists

• TA341 – Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism Action: Currently included in formulary. To update formulary to indicate that apixaban is to be used in line with NICE TA341. Short application form received.

TA342 - Vedolizumab for treating moderately to severely active ulcerative colitis

Action: Add to formulary. Full application form received.

TA343 – Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia

Action: Add to formulary. Short application form received

• TA344 – Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia **Action: Add to formulary. Short application form received**

NHSE Specialised Commissioning Policies

SSC1527 – Specialised Commissioning Services Circular in relation to TA343 and TA344

Decision: Noted

Clinical Commissioning Policy Statement: Treatment of chronic hepatitis C in patients with Cirrhosis

Decision: Noted

8. IVIG Update

Decision: Noted

IVIG requests

There were 13 IVIG issues in June 2015, with 8 new requests:

- o Two for inflammatory myopathies (blue indication)
- Four for ITP (red indication)
- o One for haemolytic disease of the newborn (red indication)

Chelsea and Westminster Hospital NHS Foundation Trust Trust Medicines Committee

One for Post exposure prophylaxis for tetanus (GREY indication)

9. Items for noting

MHRA Update

June 2015

NWLIF Compliance audit Q1 2015/2016

Audit of prescribing compliance with the NWLIF Q1 2015/2015

PGD Tracker

PGD tracker as of July 2015

10. Meeting minutes for noting

Nil

13. Date of next meeting
Monday 7th September: 8.00 - 9.00
Board Room: Lower Ground Floor, Lift Bank B
Closing date for papers: Friday 21st August 2015