Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 12th December 2016

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the November 2016 Medicines Group meeting were approved and will be circulated.

3. Matters Arising

The Group noted the matters arising from the previous meeting.

4. Business to be transacted by the Medicines Group

4.1 Formulary Applications

Ex-panel

- **Deferasirox (Exjade®) 90mg, 180mg and 360mg Tablets (Novartis)**

Exjade® film coated tablets have been introduced in November 2016. These will take the place of the dispersible tabs which will be phased out and no longer available from June 2017. Costs are equivalent to the dispersible tablets.

The new film coated tablets have a number of advantages over the dispersible tablets including:

- Can be swallowed whole
- Lactose free
- No food restrictions
- No mixing/preparation required.

Decision: Approved

- **DuoResp Spiromax® 160 micrograms / 4.5 micrograms (Budesonide & Formoterol) Inhalation Powder (Teva)**

Request by the Respiratory Team for the management of asthma in line with the BTS guidelines where a combination of an inhaled long acting B_2 agonist and corticosteroid is indicated. Adding DuoResp Spiromax® to the formulary will provide an increased choice of devices available to prescribe. Symbicort Turbohaler® is already included on the formulary. DuoResp Spiromax® is more cost-effective than Symbicort Turbohaler® and is currently included on the NWLIF and GPs have already started to prescribe it.

Decision: Approved

- **Sodium Valpoate (Epilim Chronosphere®) 50mg and 100mg Modified Release Granules (Sanofi)**

Requested by the Paediatric Neurology Team for paediatric patients requiring sodium valpoate in very low doses. Currently only tablets and liquid include on the formulary. Episenta® Granules are included on the formulary but these are only available in 500mg and 1000mg strengths so not suitable for very low doses.

Decision: Approved

- **Certolizumab pegol (Cimzia®) 200mg/ml Solution for Injection in Pre-filled Pen (AutoClicks®) (UCB)**
  - New auto-injector pen for Cimzia® available from October 2016.
  - The new device will be available in addition to the pre-filled syringe
  - Provides wider choice for patients who self-administer.
  - Same cost as the pre-filled syringes.
  - No change to Homecare arrangements or PAS

Decision: Approved

For noting

- **Elbasvir-grazoprevir in line with NICE TA413**

Signed application form for Elbasvir-Grazoprevir to be prescribd in line with NICE TA413 (Elbasvir-

Grazoprevir for treating for treating chronic Hepatitis C.
Decision: Approved

- **Osimertinib in line with NICE TA416**

Signed application form for Osimertinib to be prescribd in line with NICE TA416 (Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer)
Decision: Approved

- **Provider letter re. Belimumab in line with NICE TA397**

Provider letter instructing that Belimumab with be commissioned by NHS England from agreed Trusts only. The agreed list of Trusts does not include CWHT.
Decision: Noted

- **Pharmacoeconomic panel request for Acitretin for Congenital Autosomal Recessive Ichthyosis (Non-bullous)**

Approved by the Pharmacoeconomic Board on 21/11/2016.
Decision: Noted

- **NWLIF Panel December meeting - Feedback**

Feedback was provided from the meeting held on 1st December 2016.

Ivermectin cream for Rosacea - Submitted by: C&W
This was approved for moderate to severe Rosacea

Brimonidine gel for Rosacea - Submitted by: C&W
This was approved for facial erythema Rosacea

Enstilar foam (Betamethasone + Calcipotriol) for Psoriasis - Submitted by: C&W
This was not approved:

- The main reason is that the *NICE Guidance CG153 - Psoriasis* states that for topical treatment of psoriasis affecting the trunk and limbs, the potent corticosteroid and the Vitamin D analogue should be applied separately not combined as in Estilar or Dovobet. (Page 22- 23). This approach offers a significant cost advantage for primary care. On that basis, the plan is to revisit why there is so much Dovobet usage rather than the 2 components separately starting with Hillingdon CCG and North West London Hospitals

- On the basis of the above, the NWLIF group was not persuaded to approve a “me-too” product such as Enstilar, albeit a different presentation.

- The trial data indicating that Enstilar is better than Dovobet, PSO-ABLE study, was disputed in that the trial design was not clearly described and there was no power calculation.

North West London Red List
On a request of the group the link to the Red has been included in the minutes below:

http://www.hounslowccg.nhs.uk/media/38282/nwl-red-list-june14-vs-27.pdf

4.2 Trust Medicines Policy

- **Plan for unification of the Trust Medicines Policies at both hospital sites**

The timeline for unification of the Trust Medicines Polies at both sites was presented. The unification process involves reviewing the relevant sections that are currently in place at both sites and identifying areas of difference. A review will then take place to agree the unified process going forward and to produce a unified policy. Each unified section of the policy will be presented at the Trust Medicines Group meeting for ratification with an accompanying sheet that details of any changes in policy that specifically affect each site. This will then be used for communicating the change in policy following ratification.
Decision: Noted

- **TMP Section 6 - Controlled Drugs**

Unified policy
Decision: Approved

- **TMP Section 11 - Medicines Recalls**

Unified policy
Decision: Approved

- **TMP Section 13 - Medicines related incidents**

Unified policy
Decision: Approved

- **TMP Section 15 - Clinical Trials**

Unified policy
Decision: Approved

- **TMP Section 23 - Methotrexate for non-cancer indications**

Unified policy
Decision: Approved

4.3 Medicines Optimisation

- **Nil**

4.4 NICE TA Guidance

NICE TA Guidance - September 2016

3 Technology Appraisals have been published in November 2016

TA417 - Nivolumab for previously treated advanced renal cell carcinoma

Recommendations

1.1 Nivolumab is recommended, within its marketing authorisation, as an option for previously treated advanced renal cell carcinoma in adults, when the company provides nivolumab with the discount agreed in the patient access scheme.

Action: Update formulary to indicate that Nivolumab is now used in line with NICE TA417.

TA418 - Dapagliflozin in triple therapy for treating type 2 diabetes

Recommendations

1.1 Dapagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea.

1.2 This guidance is not intended to affect the position of patients whose treatment with dapagliflozin in other triple therapy regimens was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

Action: Update formulary to indicate that Dapagliflozin is now used in line with NICE TA418.

TA419 - Apremilast for treating moderate to severe plaque psoriasis

Recommendations

1.1 Apremilast is recommended as an option for treating chronic plaque psoriasis in adults whose disease

has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and ultraviolet-A light), or when these treatments are contraindicated or not tolerated, only if:

- the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10

- treatment is stopped if the psoriasis has not responded adequately at 16 weeks; an adequate response is defined as:

- a 75% reduction in the PASI score (PASI 75) from when treatment started or

- a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from start of treatment

- the company provides apremilast with the discount agreed in the patient access scheme.

1.2 When using the DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties, that could affect the responses to the DLQI and make any adjustments they consider appropriate.

1.3 This guidance is not intended to affect the position of patients whose treatment with apremilast was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

Action: Add Apremilast to the formulary on receipt of a completed and signed application form.

4.5 IVIG Update

- **IVIG requests**

November 2016

CWH Site

There were 19 IVIG issues in November 2016, with 7 new requests:

- One for Kawasaki's disease (Red indication)
- Two for ITP (Red indication)
- One for CIDP (long term) (Blue indication)
- Two for haemolytic disease for the Newborn (Red indication)
- One for stiff person syndrome (Red indication)

WMUH Site

There were 24 IVIG issues in November 2016, with 5 new requests:

- Two for secondary antibody deficiency (Red indication)
- One for haemolytic disease of the Newborn (Red indication)
- One for Kawasaki disease (Red indication)
- One for CIDP (Blue indication)

Decision: Approved

4.6 Items for noting

- **Quarterly Controlled Drug Summary Report Q2 2016-17**

Quarterly Controlled Drug Summary Report for Q2 2016-17

Decision: Noted

- **Quarterly Controlled Drugs Accountable Officer Report Q2 2016-17**

Quarterly Controlled Drug Accountable Officer Report for Q2 2016-17

Decision: Noted

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

- **Trust Medicines Group Meetings - Dates for 2017**

Meeting dates for 2017 with updated dates for the June and July meetings.
Decision: Noted

- **MHRA Update - November 2016**

MHRA Update for November 2016
Decision: Noted

4.7 Meeting minutes for noting

- **Antimicrobial Stewardship Group Meeting - 23rd November 2016**

Minutes from meeting held on 23rd November 2016
Decision: Noted

- **Clinical Chemotherapy Service Group (CCSG) Meeting - October 2016**

Minutes from meeting held in October 2016
Decision: Noted

4.8 Additional papers to go to Trust patient Safety Group

- **Quarterly Controlled Drug Summary Report Q2 2016-17**
- **Quarterly Controlled Drugs Accountable Officer Report Q2 2016-17**

6. Date of next meeting

Next meeting
Date: Monday 13th February 2017
Time: 8am-9am
Location: Board Room (CWH Site) and Meeting Room A (WMUH Site via video conferencing)
Closing date: 20th January 2017