Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 13th February 2017

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the December 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

Full applications

- **Gentamicin 80mg/2ml Injection (Nebulised - Off-label Use)**

Requested by the Respiratory Team for the management of recurrent infective exacerbations in non-Cystic Fibrosis bronchiectasis confirmed on HRCT (>3 / year) requiring intravenous or oral antibiotics and causing significant morbidity with colonisation by gram-negative enterobacilli (e.g. *Pseudomonas Aeruginosa*) despite optimisation of physiotherapy and trial of oral antibiotic prophylaxis if applicable (e.g. Azithromycin). It was appreciated that though this use of gentamicin is outside the product license, it is in line with BTS guidance. The main side effect of treatment is bronchospasm which is observed in 10% of patient treated.

This use of gentamicin is outside the product license (off-label) and will only be initiated by a Respiratory Consultant to treat a specific cohort of patients. GPs will not be expected to prescribe continued supplies and this will be undertaken by the hospital.
Decision: Approved for addition to the formulary

- **Mydrane® (Tropicamide 0.2 mg/ml & Phenylephrine Hydrochloride 3.1 mg/ml & 10 mg/ml lidocaine hydrochloride) Injection**

Requested by the Ophthalmology Team for cataract surgery to achieve mydriasis and intraocular anaesthesia during a surgical procedure. Mydrane® has been found in clinical trials to be more acceptable for patients than the current treatment option available on the formulary Mydriasert® pellets (Tropicamide and Phenylephrine only). It also makes the surgical procedure less technically challenging. In addition, mydriasis is achieved within seconds compared to 30-40 minutes with Mydrasert® pellets.
It is anticipated that the additional cost of £1.50 per patient is expected to be off-set by increased theatre lists due to the associated time saving incurred by the use of Mydrane® over Mydrasert® pellets.
Decision: Approved for addition to the formulary

- **Natamycin 5% eye drops**

Requested by the Ophthalmology Team for the management of Fungal Keratitis (fungal corneal infection). Natamycin eye drops are licensed in the USA. If this product is made available for use within the Trust, it would therefore be treated as an unlicensed product. Patients admitted with infection to WMUH will be transferred to CWH site for treatment.
Decision: Approved for addition to the formulary

NICE Approved

- **Degarelix - For use in line with NICE TA404 (Degarelix for treating advanced hormone-dependent prostate cancer)**

For use in line with NICE TA404 (Degarelix for treating advanced hormone-dependent prostate cancer)
Decision: Approved for addition to the formulary

- **Apremilast 10mg, 20mg and 30mg Tablets (Otezla®) - For use in line with NICE TA419**

For use in line with NICE TA419 (Apremilast for treating moderate to severe plaque psoriasis)
Decision: Approved for addition to the formulary

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Pharmacoeconomic Board Approved

- **Interleukin-7 for PML**

Request for the use of Interleukin-7 for a patient with PML on a compassionate supply basis.
Approved by the Pharmacoeconomic Board on 11/01/2017.
Decision: Noted

Removals

- **Pork Actrapid Insulin**

Removed from the formulary as discontinued in December 2007.
Decision: Approved for removal from the formulary

a) Feedback from the north West London Integrated formulary panel meeting 2nd February 2017

DL provided feedback on the last North West London Integrated Formulary Panel meeting which took place on 2nd December.
It was noted that Enstilar® (Calcipotriol (as monohydrate) 50mcg/g and Betamethasone (as dipropionate) 0.5mg/g) Cutaneous Foam Spray (application made by CWH) was approved for addition to the NWL Integrated Formulary.

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.
The plan spreadsheet presented was updated as of February 2017. Current status: After February meeting 25/34 (74%) sections will have been updated and harmonised across both sites. Harmonised sections of the Trust Medicines Policy are now available on the new Trust Intranet web site.
Decision: Noted

- **TMP Section 3: Ordering and supply of medicines**

Unified policy
Decision: Approved

- **TMP Section 4: Safe storage of medicines**

Addition of monitoring of ambient temperatures on wards/departments.
Unified policy.
Decision: Approved

- **TMP: Section 5: Handling and transport of medicines**

Unified policy.
Decision: Approved

- **TMP: Section 9: Patient's own medicines**

Unified policy.
Decision: Approved

- **TMP: Section 10: Discharge medicines**

Unified policy.
Decision: Approved

- **TMP Section 12: Safe destruction and disposal of medicines**

Unified policy.
Decision: Approved

- **TMP Section 20: Unlicensed use of licensed medicines**

Unified policy.
Decision: Approved

- **TMP Section 25: Trust Homecare Policy**

Unified policy.
Decision: Approved

4.3 Medicines Optimisation

- **Paediatric and Neonatal IV Administration Guide**

Newly compiled Paediatric and Neonatal IV Administration Guide for use in Paediatrics and Neonatology.
Decision: Approved

- **Adult IV Administration Guide Updates**

Amendments and additions to the IV Administration Guide
Decision: Approved

- **Paediatric Assessment Unit Drug Chart (WMUH Site) and accompanying audit**

Newly designed paper drug chart for use on the Paediatric Assessment Unit at the WMUH Site for approval. An audit was also presented that demonstrated the cost savings associated with the introduction of the new chart.
Decision: Approved

- **Speech and Language Therapy Policy (WMUH Site)**

Newly compiled Speech and Language Therapy Policy for approval.
Decision: Approved

4.4 NICE TA Guidance
NICE TA Guidance - December 2016 and January 2017

7 Appraisals were published in December 2016

TA420 - Ticagrelor for preventing atherothrombotic events after myocardial infarction

Recommendations
1.1 Ticagrelor, in combination with aspirin, is recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event.

Treatment should be stopped when clinically indicated or at a maximum of 3 years.
Action: Update formulary to indicate Ticagrelor is used in line with NICE TA420.

TA421 - Everolimus with exemestane for treating advanced breast cancer after endocrine therapy

Recommendations
1.1 Everolimus, in combination with exemestane, is recommended within its marketing authorisation, as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor. Everolimus is recommended only if the company provides it with the discount agreed in the patient access scheme.
Action: Action: Update formulary to indicate that Everolimus with exemestane is now used in line with NICE TA421.

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TA422 - Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer

Recommendations
1.1 Crizotinib is recommended, within its marketing authorisation, as an option for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults. The drug is recommended only if the company provides it with the discount agreed in the patient access scheme.
Action: Update formulary to indicate Crizotinib is used in line with NICE TA422.

TA423 - Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens

Recommendations
1.1 Eribulin is recommended as an option for treating locally advanced or metastatic breast cancer in adults, only when:

- it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine)

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

1.2 This guidance is not intended to affect the position of patients whose treatment with eribulin 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 Eribulin is used in line with NICE TA423.

TA424 - Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

Recommendations
1.1 Pertuzumab, in combination with trastuzumab and chemotherapy, is recommended, within its marketing authorisation, as an option for the neoadjuvant treatment of adults with human epidermal growth factor receptor 2 (HER2)-positive breast cancer; that is, in patients with HER2-positive, locally advanced, inflammatory or early-stage breast cancer at high risk of recurrence. It is recommended only if the company provides pertuzumab with the discount agreed in the patient access scheme.
Action: Action: Update formulary to indicate that Pertuzumab is now used in line with NICE TA424.

TA425 - Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia

Recommendations
1.1 Dasatinib and nilotinib are recommended as options for treating only chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if:

- they cannot have imatinib, or their disease is imatinib-resistant and

- the companies provide the drugs with the discounts agreed in the relevant patient access schemes.

1.2 High-dose imatinib (that is, 600 mg in the chronic phase or 800 mg in the accelerated and blast-crisis phases) is not recommended for treating Philadelphia-chromosome-positive chronic myeloid leukaemia in adults whose disease is imatinib-resistant.

1.3 This guidance is not intended to affect the position of patients whose treatment with imatinib or dasatinib 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 Dasatinib, nilotinib and imatinib is used in line with NICE TA425.

TA426 - Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia

Recommendations
1.1 Imatinib is recommended as an option for untreated, chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults.

1.2 Dasatinib and nilotinib are recommended, within their marketing authorisations, as options for untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults. The drugs are recommended only if the companies provide them with the discounts agreed in the relevant patient access schemes.
Action: Update formulary to indicate Dasatinib, nilotinib and imatinib is used in line with NICE TA426.

2 Appraisals were published in January 2017
TA427 - Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib

Recommendations
1.1 Pomalidomide, in combination with low-dose dexamethasone, is recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib, only when the company provides pomalidomide with the discount agreed in the patient access scheme.

1.2This guidance is not intended to affect the position of patients whose treatment with pomalidomide 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 Pomalidomide is now used in line with NICE TA427.

TA428 - Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy
1.1 Pembrolizumab is recommended as an option for treating locally advanced or metastatic PD-L1-positive non-small-cell lung cancer in adults who have had at least one chemotherapy (and targeted treatment if they have an epidermal growth factor receptor [EGFR]- or anaplastic lymphoma kinase [ALK]-positive tumour), only if:

- pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression, and

- the company provides pembrolizumab with the discount agreed in the patient access scheme revised in the context of this appraisal.

1.2 This guidance is not intended to affect the position of patients whose treatment with pembrolizumab 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.

Update formulary to indicate that Pembrolizumab is now used in line with NICE TA428.

4.5 IVIG Update

- **IVIG requests**

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December 2016
CWH Site
There were 15 IVIG issues, with 5 new requests:

- Two for Kawasaki's disease (Red indication)
- One for Myasthenia gravis (Blue indication)
- One for Lambert Eaton Myasthenic Syndrome (Blue indication)
- One for TENs (Red indication)

WMUH Site
There were 13 IVIG issues, with 2 new requests:

- One for ITP (Red indication)
- One for GBS (Red indication)

January 2017
CWH Site
There were 18 IVIG issues, with 6 new requests:

- Five for Kawasaki's Disease (Red indication)
- One for Immunobullous Disease (Blue indication)

WMUH Site
There were 17 IVIG issues, with 3 new requests:

- One for ITP (Red indication)
- Two for GBS (Red indication)

Decision: Approved

4.6 Items for noting

- **Quarterly Controlled Drug Summary Report - Q3**

Quarterly Controlled Drug Summary Report - Q3
Decision: Noted

- **Quarterly Q3 Controlled Drugs Accountable Officer Report - Q3**

Quarterly Controlled Drug Accountable Officer Report - Q3
Decision: Noted

- **Trust Medicines Safety Bulletin - December 2016**

Trust Medicines Safety Bulletin - December 2016

- **Opioids Aware Bulletin**

Opioids Aware Bulletin
Decision: Noted

- **Update from the London Region CD Accountable Officer**

Update from the region CD Accountable Office
Decision: Noted

- **Formal Notification of changes to High Cost Tariff Excluded Drugs funding application forms**

Formal notification of changes to High Cost Tariff Excluded Drugs funding application forms and the introduction of the Blueteq HCD Reporting System from 1st April 2017
Decision: Noted

- **Letter regarding patient reviews for patients receiving long term IVIG**

Letter sent to clinicians regarding undertaking patents reviews at 12 months for patient receiving long term IVIG.
Decision: Noted

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- **IV Iron Therapy**

Agreed IV Iron Therapy for use within the Trust. It has been agreed that Ferinject and Monofer will be the intravenous Iron preparations of choice across both sites for adult patients. Further work is needed to harmonised the agents of choice in Paediatrics and Obstetrics.
Decision: Noted

- **MHRA Update - December 2016**

MHRA Update for December 2016
Decision: Noted

- **MHRA Update - January 2017**

MHRA Update for January 2017
Decision: Noted

4.7 Meeting minutes for noting

- **Clinical Directorate of HIV and GUM, Medicines Sub-Group Meeting minutes - November 2016**

Minutes from meeting held in November 2016
Decision: Noted

- **Clinical Chemotherapy Service Group (CCSG) Meeting minutes - January 2017**

Minutes from meeting held in January 2017
Decision: Noted

4.8 Additional papers to go to Trust patient Safety Group

- **Quarterly Controlled Drug Summary Report Q3 2016-17**
- **Quarterly Controlled Drugs Accountable Officer Report Q3 2016-17**

6. Date of next meeting
Next meeting
Date: Monday 13th March 2017
Time: 8am-9am
Location: Board Room (CWH Site) and Meeting Room A (WMUH Site via video conferencing)
Closing date: 17th February 2017