



Summary of Main Points from the Meeting held on Monday 12th March 2018

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the 12th February 2018 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

• Intrauterine Device (Kyleena®) 19.5mg Levonorgestrel

Requested by the GUM to be used as a 5-year contraception device (IUS) option. This will be reserved for a particular subgroup - nulliparous women wanting less hormones in their contraceptive method, individuals where the clinician has had difficulty inserting Mirena® due to cervical spasm, patients who are anxious about discomfort of the procedure and those wanting less frequent IUS insertion (compared to Jaydess®).

This will be an additional IUS option for women and likely to be most appealing to:

- Jaydess[®] (13.5mg) users as it lasts for longer (5 years vs 3 years) thus requiring fewer procedural changes (although Jaydess[®] will need to remain on the formulary for those requiring lowest hormone IUS)
- Mirena[®] (52mg) users as it has less hormones (19.5mg) and many women seeking Mirena do so because of wanting lower hormonal option when an IUD/copper coil is unsuitable.

Decision: Approved for addition to the formulary.

Dupilumab (Dupixent[®]) 300 mg solution for injection

Requested by the Dermatology Team for the treatment of moderate-to-severe atopic dermatitis in adult patients who are candidates for systemic therapy.

This will be used as part of an Early Use Scheme for adult patients who have failed 1 or more current systemic therapies. Note: This request was for permission to use this agent and not to add to the formulary. Addition to the formulary will be requested and reviewed on the publication of a NICE TA supporting its use for this indication. It was noted that the company (Sanofi) do not offer a compassionate use scheme in the event of a negative NICE appraisal.

Decision: Permission given for Dupilumab to be used in the Trust. Re-application to be made on the publication of a positive NICE Technical Appraisal.

Guselkumab 100mg Injection (Tremfya[®])

Requested by the Dermatology Team for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.

This will be used as part of an Early Use Scheme for adult patients who have failed 1 or more current systemic therapies. Note: This request was for permission to use this agent and not to add to the formulary. Addition to the formulary will be requested and reviewed on the publication of a NICE TA supporting its use for this indication. It was noted that the company (Janssen Cilag) have committed to fund patient's treatment until no longer therapeutic in the event of a negative NICE appraisal.

Decision: Permission given for Guselkumab to be used in the Trust. Re-application to be made on the publication of a positive NICE Technical Appraisal.

Ex-Panel

• Esomeprazole IV (Extended use)

Currently used for Paediatrics only but has up until recently been used extensively as the IV PPI of choice for





both paediatrics and adults. Proposal to change wording in Formulary to state that is used for Adults in addition to Paediatrics.

Decision: Formulary to be updated accordingly to include use in adult patients.

• Lidocaine 2.5% & Prilocaine 2.5% Cream

Part of the ongoing work on to align CWH and ICHT formularies. Used extensively as a topical anaesthetic agent for paediatric patients and needle phobic patients prior to cannulation - Oversight that has not been added to the formulary until now.

Decision: Formulary to be updated accordingly

Removals

Medicines to be removed from the formulary to align CWH and ICHT formularies

List of medicine proposed to be removed from the formulary due to low usage/service changes/discontinuation by the manufacturer.

Decision: Noted

Pharmacoeconomic Board requests

Botulinum Toxin for constipation in Hirschprung's

Approved by the Pharmacoeconomic Board on 12/02/2018

Decision: Noted

IVIg for Pyoderma Gangrenosum (Grey Indication)

Approved by the Pharmacoeconomic Board on 09/02/2018

Decision: Noted

IVIg for Autoimmune Encephalitis (Grey Indication)

Approved by the Pharmacoeconomic Board on 23/02/2018

Decision: Noted

4.2 Trust Medicines Policy

TMP Section 17: Injectable Medicines Policy

Updated following feedback from key stakeholders

Decision: Approved

TMP Section 33: Pharmacy service outside normal working hours

New policy following the introduction of the electronic medicines cabinet at CWH site Also noted:

- Information leaflet for ward/department staff
- List of medicines stocked in electronic medicines cabinet

Decision: Approved as a new section to the Trust Medicines Policy

4.3 Medicines Optimisation

Contrast Medical Vial Sharing - Risk Assessments

Deferred to next month as the presenter did not attend at the meeting

Decision: Deferred to next month

• NICE CG76 Medicines Adherence - Compliance

The Trust have been asked to provide assurance that it continues to adhere to the following guidance: CG76: Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence





https://www.nice.org.uk/guidance/cg76

This guidance was originally published in 2009

At the time CWH declared partial compliance and in response an action plan was drafted which was completed and noted at the Trust Medicines Committee meeting in September 2009.

A further questionnaire which has been completed was presented which provides evidence of ongoing adherence to this guidance. Feedback has been sought from Medical, Nursing and Pharmacy staff to complete this questionnaire.

Decision: Approved. Questionnaire will be forwarded to Clinical Governance as evidence of Trust compliance with NICE CG76.

4.4 NICE Technical Appraisals and Guidance

NICE Technical Appraisals

6 Appraisals were published in January 2018

TA498 - Lenvatinib with everolimus for previously treated advanced renal cell carcinoma Formulary status / Action
Add to the formulary following receipt of a signed application form from Oncology

TA499 - Glecaprevir-pibrentasvir for treating chronic Hepatitis C Formulary status / Action

To be added to the formulary following receipt of a completed application form from the Hepatology Team. Await NHS England Commissioning Statement.

TA500 - Ceritinib for untreated ALK-positive non-small-cell lung cancer Formulary status / Action Add to the formulary following receipt of a signed application form from Oncology

TA501 - Intrabeam radiotherapy system for adjuvant treatment of early breast cancer Formulary status / Action
Nil action - Does now affect formulary
Not applicable to CWH as patient referred to Imperial

TA502 - Ibrutinib for treating relapsed or refractory mantle cell lymphoma Formulary status / Action
Nil - Currently included on the formulary

TA503 - Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer
Formulary status / Action
Nil - Not recommended

4 Appraisals published in February 2018

TA504 - Pirfenidone for treating idiopathic pulmonary fibrosis Formulary status / Action Nil - Not relevant to CWH





TA505 - Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

Formulary status / Action

Add to the formulary following receipt of a signed application form from Oncology

TA506 - Lesinurad for treating chronic hyperuricaemia in people with gout Formulary status / Action
Nil - Not recommended

TA507 - Sofosbuvir–velpatasvir–voxilaprevir for treating chronic Hepatitis C Formulary status / Action

To be added to the formulary following receipt of a completed application form from the Hepatology Team. Await NHS England Commissioning Statement.

4.5 IVIG Update

IVIG requests
 February 2018
 CWH Site

There were 12 IVIG issues, with 5 new requests:

WMUH Site

There were 18 IVIG issues in, with 4 new requests:

Decision: Approved

4.6 Items for noting

Quarterly Q3 2017/18 Controlled Drug Summary Report

Quarterly Controlled Drug Summary Report for Q3 2017/18

Decision: Noted

Quarterly Q3 2017/18 Controlled Drugs Accountable Officer Report

Quarterly Controlled Drugs Accountable Officer for Q3 2017/18

Decision: Noted

Medication shortages

Medication shortages and associated Risk Assessment.

Decision: Noted

Non-Medical Prescriber - Self-Audit 2017

Self-audit undertaken by NMP in 2017

Decision: Noted

MHRA Drug Safety Update - February 2018

MHRA update for January 2018

Decision: Noted

4.7 Meeting minutes for noting

HIV/GUM Directorate - Medicines Sub-Group Meeting - January 2018

Minutes from HIV/GUM Directorate - Medicines Sub-Group Meeting - January 2018

Decision: Noted





<u>4.8 Additional papers to go to Trust patient Safety Group</u> Quarterly Q3 2017/18 Controlled Drug Summary Report Quarterly Q3 2017/18 Controlled Drugs Accountable Officer Report

5. Any other business

Nil

6. Date of next meeting

Next meeting

Date: Monday 9th April 2018

Time: 8am-9am

Location: Board Room (CWH Site) and Meeting Room A (WMUH Site via video conferencing)

Closing date: 16th March 2018