Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 9th May 2016

2. Minutes and Summary Notes from last meeting
The Minutes and Summary notes from the April 2016 Medicines Group meeting were approved and will be circulated.

3. Matters Arising
The Group noted the matters arising from the previous Medicines Group meeting in April 2016.

4.1 Formulary Applications
Full applications

- **Ivermectin 10mg/g (1%) Cream (Soolantra®)**

Soolantra® is indicated for the topical treatment of inflammatory lesions of Rosacea (papulopustular) in adult patients. It is intended that Soolantra® will be restricted for patients with Rosacea who have already been exposed to topical Metronidazole / Azelaic Acid within a primary care setting and have been referred to a Dermatologist for subsequent specialist review. A decision was made to add Soolantra® to the formulary as it provides the Dermatologists with an additional treatment option for the condition where previous options have failed. It was noted that Soolantra® is currently not included on the NWL Integrated Formulary and that an application would need to be made for its inclusion as treatment spans longer than 1 month and therefore there would be a requirement for GPs to prescribe subsequent supplies following the initial 1 month of treatment being provided by the hospital.
Decision: Approved for inclusion on the formulary on the proviso that an application is submitted to the North West London Integrated Formulary panel to request inclusion in the NWL integrated Formulary.

- **Progesterone 25mg Injection (Lubion®)**

Lubion® is indicated for women who need extra progesterone while undergoing treatment in an Assisted Reproductive Technology (ART) programme who are unable to use or tolerate vaginal preparations**.**
Lubion® confers additional benefits over the current formulary parenteral progesterone (Gestone®) as it is licensed for subcutaneous injection. Gestone® is currently only licensed for administration via intramuscular injection. Administration of Lubion® therefore facilitates home/self- administration. It was noted that the cost of the Lubion® is approximately twice the cost of Gestone® and therefore would result in a cost pressure for the Trust for those patients receiving NHS funded treatment (approximately 40% of patients are NHS funded).
Decision: Approved for inclusion on the formulary but decision regarding funding of Lubion® for NHS patients to be referred to the Divisional Medical Director.

For noting
Application forms for recent NICE approved drugs that have been added to the formulary were noted. These included:

- Nivolumab in line with NICE TA384 - Advanced (unresectable or metastatic) melanoma. Added to the formulary in March 2016
- Panobinostat in line with NICE TA380 - Multiple Myeloma after at least 2 previous treatments. Added to the formulary in March 2016.
- Ruxolitinib in line with NICE TA386 - Disease-related splenomegaly or symptoms in adults with myelofibrosis. Added to the formulary in April 2016

It was noted that anticipated usage figures were not provided for the WMUH site and that the Panobinostat form included an additional indication.
Action: Relevant forms to be updated and included for noting in the June meeting papers

c) Update on the merging of the two hospital medicine formularies into one joint formulary (Verbal)
A verbal update was provided on the merging of the two hospital medicines formularies into one joint formulary. The new electronic format of the formulary is due to go live on 11th May 2016. Going forward, as each section is reviewed by the relevant clinical specialty at both sites and updated - this update will be noted at the next Medicines Group meeting.

4.2 Trust Medicines Policy
Changes to a number of sections of the Medicines Policy were presented. It was noted that the Medicines Policy does not currently cover both sites and that these changes relate only to the Medicines Policy that is currently in existence at the CWH Site.

- **TMP Section 5. Handing and transporting of medicines**

Routine review and update
Decision: approved

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

Routine review and **update**
Decision: Approved

- **TMP Section 16. Ward openings and closings**

Routine review and update
Decision: Approved

- **TMP Section 17. Doctor's personal prescription**

Routine review and update
Decision: Approved

- **TMP Appendix 8. Equality Impact Assessment**

Routine review and update
Decision: Approved

- **TMP Section 24. Concentrated potassium solutions and associated risk assessment**

Addition of Burns ITU/HDU to the list of ward areas that stock concentrated potassium solutions. This is supported by a risk assessment.
Decision: Approved

4.3 Medicines Optimisation

- **NWL Integrated Formulary compliance audit Q4 2015/16**

Results of the NWL Integrated Formulary compliance audit for Q4 2015/16 showed a compliance level of 100%. This provides an average compliance result of 96.6% (98.7% when paediatric prescription are excluded) overall for the full year.
The monitoring of compliance with the NWL integrated formulary will not be a sequin for 2016/17.

- **Acute Sickle Cell Crisis ICP**

Acute Sickle Cell Crisis Integrated Care Pathway was presented. This has been drafted in response to a patient complaint and is intended to support the patient's pathway at the WMUH Site.
In the absence of any other forum suitable for providing approval, approval was granted.
Decision: Approved for use at the WMUH Site but could be adapted for use at the CWH Site if this was felt necessary and appropriate in the future.

4.4 NICE TA Guidance

a) NICE TA Guidance - April 2016

2 Technology Appraisals have been noted in April 2016

- **TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated.**

Recommendations

1.1 Abiraterone in combination with prednisone or prednisolone is recommended, within its marketing authorisation, as an option for treating metastatic hormone-relapsed prostate cancer:

- in people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated.
- only when the company rebates the drug cost of abiraterone from the 11th month until the end of treatment for people who remain on treatment for more than 10 months.

Action: Update the formulary to indicate that Abiraterone is now used in line with NICE TA387.

- **TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction.**

Recommendations

1.1 Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people:

- with New York Heart Association (NYHA) class II to IV symptoms and
- with a left ventricular ejection fraction of 35% or less and
- who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs).

1.2 Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE's guideline on *Chronic heart failure in adults: Management.*

1.3 This guidance is not intended to affect the position of patients whose treatment with sacubitril valsartan 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 to the formulary pending receipt of a signed application form from the Cardiology Team.

b) NICE TA Adherence Log 2015/16
Logs were presented for both the CWH and WMUH Sites.
Decision: Noted

4.5 IVIG Update

- **IVIG requests**

April 2016
CWH Site

- IVIG issues for April 2016 - CW site

There were 9 IVIG issues in April 2016, with 3 new requests:

- One for Inflammatory Myopathies (blue indication)
- One for Myasthenia Gravis (blue indication)
- One for Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) (Short term use) (red indication)

- IVIG issues for April 2016 - WMUH site

There were 10 IVIG issues in April 2016, with 2 new requests:

- One for primary immunodeficiency – Common Variable Immunodeficiencey (CVID) (long term transferred from Ireland) (red indication)
- One for acute ITP (red indication)

Decision: Approved

4.6 Items for noting

- **Medicines Group Meeting - Terms of Reference**

Finalised Trust Medicines Group - Terms of Reference
Decision: Noted

- **Quarterly Controlled Drug Report Q4 2015/16 (CWH)**

Quarterly Controlled Drug Report for Q4 2015/16 for CWH Site
Decision: Noted

- **Quarterly Controlled Drug Occurrence Report Q4 2015/16 (CWH)**

Quarterly Controlled Drugs Occurrence Report for Q4 2015/16 for CWH Site
Decision: Noted

- **Quarterly Controlled Drug Report Q4 2015/16 (WMUH)**

Quarterly Controlled Drug Report for Q4 2015/16 for WMUH Site
Decision: Noted

- **Quarterly Controlled Drug Occurrence Report 2015/16 (WMUH)**

Quarterly Controlled Drugs Occurrence Report for Q4 2015/16 for WMUH Site
Decision: Noted

- **MHRA Update - April 2016**

MHRA update for April 2016
Decision: Noted with actions
Action: To review if Meprobamate is currently included on the formulary and if so this should be removed as the license has been withdrawn.

6. Date of next meeting
Next meeting
Date: Monday 13th June 2016

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Time: 8am-9am
Location: Board Room (CWH Site) and Meeting Room B (WMUH Site via video conferencing)
Closing date: 20th May 2016