Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 10th October 2016

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the September 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 September 2016.

4.0 Business to be transacted by the Medicines group

4.1 Formulary Applications

Full applications

- **Darifenacin 7.5mg and 15mg Tablets (Emselex®)**

Decision: There was no presenter and therefore review of the application was deferred to October.

- **Umeclidinium 55mcg/puff Ellipta® inhaler (Incruse®)**

Requested by the Respiratory Team as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). Incruse® is presented in an Ellipta® inhaler device which is favourable following its introduction as the delivery device for Anoro® and Relvar®. Incruse® will be added to the formulary in addition to keeping Tiotropium the other LAMA but will replace Tiotropium as the first line LAMA for use in COPD in the Trust.

Decision: Approved

- **NexoBrid® 2g powder gel**

NexoBrid® was approved for addition to the formulary in June 2015. It 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. In June 2015 the panel agreed that it would be added to the formulary under the following criteria.

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

The Burns Team provided paperwork as a means of feed back to the Group on their experience of using Noxobrid® powder gel over the previous year since it was added to the formulary in June 2015. They also requested that the criteria is changed:

- For mid dermal to deep dermal partial thickness burns (not full thickness burns)
- For burns up to 15% total body surface area

Decision: Approved

Ex-panel

- **Sodium Chloride 7% Nebules**

Requested by the Respiratoty team for CF patients who are transferred from Royal Brompton Hospital who often require this as a mucolytic. It is included on the NWL formulary and the 3% strength is included on the CWFT Formulary.

Decision: Approved

- **Danazol 100mg capsules**

200mg capsules already include on the formulary. Requested by WMUH for patients who are prescribed a 300mg dose.

Decision: Approved

For noting

- **Belimumab in line with NICE TA397**

To be used in line with NICE TA397 (Belimumab for treating active autoantibody-positive systemic lupus erythematosus). Approved by Chair's action on 20/09/2016.

Decision: Noted

- **Trifluridine-tipiracil in line with NICE TA405**

To be used in line with NICE TA405 (Trifluride-tipiracil for previously treated metastatic colorectal cancer)

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Decision: Appproved

IFR Forms for noting

- **Octreotide LAR for resistant reactive Hypoglycaemia**

IFR form for Octreotide LAR for resistant reactive Hypoglycaemia previously approved by the Pharmacoeconomic Board.
Decision: Noted

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 1. Introduction**

Updated to include new Trust accountability for medicines management
Unified policy.
Decision: Approved

- **TMP Section 19. Formulary**

Updated in light of establishment of new Trust Medicines Group that operates across both sites.
Unified policy.
Decision: Approved

- **TMP Section 21. Patient Group Directions**

Single system of preparation, update and approval of PGDs across both hospital sites
Unified policy.
Decision: Approved

- **TMP Appendix 2. Critical list of delayed and omitted medicines**

Updated to include examples of medicines from each class of critical medicines.
Unified policy.
Decision: Approved

- **TMP Appendix 5. Process for demand management of IVIG**

Unified policy
Decision: Approved

4.3 Medicines Optimisation

- **Trust Entonox Policy**

New policy relating to the administration of Entonox in the Trust.
Decision: Pending following a review by key stakeholders at the WMUIH site.

- **NICE Guidance - Controlled Drugs: Safe use and management**

The NICE Guidance - Controlled Drugs: Safe use and management, published April 2016 was presented. This guidance includes a number of standards of good practice that relate to controlled drugs. A gap analysis has been undertaken at both sites to determine current compliance status and an action plan has been drafted to meet full compliance. Compliance status reports and action plans will be forwarded to Clinical Governance following approval.
Decision: Guidance noted and action plans approved.

- **TMP Section 6 - Controlled Drugs**

Updated in line with NICE Guidance - Controlled drugs: Safe use and management - published April 2016
Change in the scheduling of Ketamine
Addition of potassium chloride 40mmol/100ml infusion bags to the list of drugs treated as having controlled drug status within the Trust.
Decision: Approved

- **Risk assessment - Vial sharing of Dysport® in Eye clinic**

Risk assessment to support and reduce the risk of vial sharing of Dysport® in Eye Clinic.

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Decision: Approved

4.4 NICE TA Guidance
NICE TA Guidance - September 2016

7 Technology Appraisals have been published in September 2016

TA406 - Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer

Recommendations
1.1 Crizotinib is recommended, within its marketing authorisation, as an option for untreated 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 that Crizotinib is now used in line with NICE TA406

TA407 - Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors

Recommendations
1.1 Secukinumab is recommended, within its marketing authorisation, as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF‑ alpha inhibitors). The drug is recommended only if the company provides it with the discount agreed in the patient access scheme.

1.2 Assess the response to secukinumab after 16 weeks of treatment and only continue if there is clear evidence of response, defined as:

- a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and
- a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.

1.3 When using BASDAI and spinal pain VAS scores, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the questionnaires, and make any adjustments they consider appropriate.
Action: Update formulary to indicate that Secukinumab is now used in line with NICE TA407

TA408 - Pegaspargase for treating acute lymphoblastic leukaemia

Recommendations
1.1 Pegaspargase, as part of antineoplastic combination therapy, is recommended as an option for treating acute lymphoblastic leukaemia in children, young people and adults only when they have untreated newly diagnosed disease.

1.2 This guidance is not intended to affect the position of patients whose treatment with pegaspargase 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. For children and young people, this decision should be made jointly by the clinician and the child or young person, or the child or young person's parents or carers.
Action: Nil - Not applicable to CW Trust

TA409 - Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion

Recommendations
1.1 Aflibercept is recommended as an option within its marketing authorisation for treating visual impairment in adults caused by macular oedema after branch retinal vein occlusion, only if the company provides aflibercept with the discount agreed in the patient access scheme.
Action: Update formulary to indicate that Aflibercept is now used in line with NICE TA409

TA410 - Talimogene laherparepvec for treating unresectable metastatic melanoma

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Recommendations
1.1 Talimogene laherparepvec is recommended, in adults, as an option for treating unresectable, regionally or distantly metastatic (Stage IIIB, IIIC or IVM1a) melanoma that has not spread to bone, brain, lung or other internal organs, only if

- treatment with systemically administered immunotherapies is not suitable and
- the company provides talimogene laherparepvec with the discount agreed in the patient access scheme.

1.3 This guidance is not intended to affect the position of patients whose treatment with talimogene laherparepvec 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 Talimogene laherparepvec to the formulary following receipt of a signed formulary application form from Haematology Team

TA411 - Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer

Recommendations
1.1 Necitumumab, in combination with gemcitabine and cisplatin, is not recommended within its marketing authorisation for adults with locally advanced or metastatic epidermal growth factor receptor (EGFR)-expressing squamous non-small-cell lung cancer that has not been treated with chemotherapy.

1.2 This guidance is not intended to affect the position of patients whose treatment with necitumumab 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: Nil - Not recommended

TA412 - Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases

Recommendations
1.1 Radium‑223 dichloride is recommended as an option for treating hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases in adults, only if:

- they have already had docetaxel or
- docetaxel is contraindicated or is not suitable for them.
- The drug is only recommended if the company provides radium‑223 dichloride 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 radium‑223 dichloride 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: Nil - Not applicable to CW Trust

4.5 IVIG Update

- **IVIG requests**

September 2016
CWH Site

- IVIG issues for September 2016 - CW site

There were 14 IVIG issues in September 2016, with 7 new requests:

- Two for ITP (red indication)
- One for Toxic Epidermal Necrolysis (red indication)
- One for Multifocal motor neuropathy (blue indication)
- One for haemolytic disease for the newborn (red indication)
- One for autoimmune haemolytic anaemia (red indication)

WMUH Site

- IVIG issues for September 2016 - WMUH site

There were 19 IVIG issues in September 2016, with 5 new requests:

- One for Kawasaki Disease (Red indication)
- One for Haemolytic Disease of the Newborn (Red inidcation)
- One for Guillain-Barre syndrome (red indication

- Two for Acute ITP (Red indication)

Decision: Approved

4.6 Items for noting

- **MHRA Update - August 2016**

MHRA Update for August 2016
Decision: Noted

- **MHRA Update - September 2016**

MHRA Update for September 2016
Decision: Noted

4.7 Meeting minutes for noting

- **Clinical Directorate of HIV and GUM, Medicines Sub-Group meeting - August 2016**

Meeting minutes for August 2016
Decision: Noted

- **Antimicrobial Stewardship Group meeting - 9th August 2016**

Meeting minutes for 9th August 2016
Decision: Noted

- **Antimicrobial Stewardship Group meeting - 27th August 2016**

Meeting minutes for 27th August 2016
Decision: Noted

4.8 Additional papers to go to Trust patient Safety Group
Nil

Date of next meeting
Next meeting
Date: Monday 14th November 2016
Time: 8am-9am
Location: Board Room (CWH Site) and Meeting Room B (WMUH Site via video conferencing)
Closing date: 21st October 2016