Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 11th April 2016

2. Minutes and Summary Notes from last meeting

This was the first joint meeting
The Minutes and Summary notes from the March 2016 Medicines Committee meeting (CWH) were approved and will be circulated.
The minutes from the Drugs & Therapeutics Committee meeting (WMUH) were approved and will be circulated.

3. Matters Arising

The Group noted the matters arising from the previous Medicines Committee meeting (CWH) and Drugs & Therapeutics Committee meeting (WMUH).

4.1 Formulary Applications

Full applications

Progesterone 25mg Injection (Lubion®) (Pharmasure)
Decision: Deferred due to non-attendance of presenter

- **Brivaracetam (Various forms & strengths) (Briviact®)**

Indicated as an adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy. The intention is that this agent will be used as an add-on agent where one or more standard anticonvulsant is already being prescribed. It is intended that Brivaracetam will be subject to specialist initiated by consultant only. Brivaracetam is associated with less non-psychotic behavioural adverse effects compared with Levetiracetam. In addition, there is no upward titration in dose necessary unlike Levetiracetam.
The cost impact of this agent is similar to other add on agents and therefore is of low impact financially. An application will be submitted to the North West London Integrated Formulary Committee for review with a view to adding this to the NWL Integrated Formulary.
Decision: Approved for inclusion on the formulary

- **Evotaz® (Atazanavir 300mg/Cobicist 150mg) Tablets**
- **Rezolsta® (Darunavir 800mg/Cobicist 150mg) Tablets**

Evotaz® and Rezolsta® are combination preparations which are indicated for the management of HIV.

Atazanavir and darunavir are protease inhibitors widely used in the treatment of HIV. Both drugs must be 'boosted' to be effective. Ritonavir was until recently the only booster available and has been widely used for a number of years. In July 2015, NHS England published a policy on the use of cobicistat as a booster in treatment of HIV following a review of the evidence
The policy concluded that cobicistat had similar safety and efficacy to ritonavir and was routinely commissioned where it was part of an approved fixed dose combination or used in patients with ritonavir intolerance.
Two new combinations are now licensed and available on the market. Atazanavir with Cobicistat is manufactured by BMS and Darunavir with Cobicistat is manufactured by Janssen. Evidence shows these treatments to be equivalent to the use of separate products.
Both companies have offered NHS England a commercial in confidence agreement that make use of the fixed dose combinations financially beneficial.
These preparations have been approved for addition to the Trust formulary by the Clinical Directorate of HIV and GUM, Drugs Sub-Committee.
Decision: Noted

Ex-panel requests

Following the work relating to the merger of the two hospital formularies the following medicines are requested to be added to the formulary.

- Methylprednisolone 100mg Tablets
- Methylprednisolone 500mg Tablets
- Bumetanide 1mg/5ml Liquid
- Urokinase 10,000units Injection
- Sodium Chloride 3% Nebules

These medicines are already included on the WMUH Site formulary but not included on the CWH Site formulary.
Decision: Approved for inclusion on the formulary

Removals

- **Magnesium Glycerophosphate 4mmol Tablets**

Magnesium Glycerophosphate tablets (Unlicensed) will be replacement by the licensed product Magnesium Aspartate 243mg Powder for oral Solution (Magnaspartate®) which was approved at the Medicines Committee Meeting (CWH) March 2016.
Decision: Approved for removal from the formulary

- **Bumetanide 1mg/2ml Injection**

Discontinued by the manufacturer
Decision: Approved for removal from the formulary
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.

4.2 Trust Medicines Policy

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

The critical list of omitted and delayed medicines has been updated in response to the Patient Safety Alert (NHS/PSA/W/2016/001) (Risk of severe harm or death when Desmopressin is omitted or delayed in patients with Cranial Diabetes Insipidus) to incorporate Desmopressin (various formulations).
Decision: Approved

- **TMP Section 6. Controlled Drugs**

The trust medicines policy currently states that daily controlled drug (CD) stock balance checks should be recorded on the next available line of the CD register on wards and department. This is currently not happening as using the main section of the register for recording daily stock checks results in a very high turnover of registers. This poses a concern as self-audit would result in non-compliance.
The wording in the policy has therefore been changed to reflect the wording taken from the Safer management of Controlled Drugs Regulations 2007 - "Stock balance checks must be recorded in a bound book or in the controlled drug register" Pharmacy will also aim to trial the use of a new adapted CD register on the wards that has a designated section specifically for the recording of CD stock checks.
Decision: Approved

- **Update on the merging of the two medicines policies into one joint policy (Verbal)**

A verbal update was provided on the merging of the two hospital medicine policies into one joint policy.

4.3 Medicines Optimisation

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

The Terms of Reference for the new Trust Medicines Group was circulated for comment. This has been approved by the Trust Patient Safety Group.
Comments received included:

- Clinical Directorate of HIV and GUM, Medicines Sub-Committee will change its name in line with the Drugs Group to Clinical Directorate of HIV and GUM, Medicines Sub- Group
- Addition of a statement that names the Clinical Directorate of HIV and GUM, Medicines Sub-Group will act as the forum for reviewing new drug application appeals.
- Addition of a robust statement relating to the expectation that members are expected to declare any conflicts of interest.

Action: Comments requested to be submitted by 22nd April.

- **Acute Sickle Cell Crisis IC**

NW was not present at the meeting and therefore this was deferred until next meeting.

4.4 NICE TA Guidance
1 Technology Appraisals have been noted in March 2016

NICE TA Guidance March 2016

- **TA386 - Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis**

Ruxolitinib is recommended as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis, only

- in people with intermediate-2 or high-risk disease, and
- if the company provides ruxolitinib with the discount agreed in the patient access scheme

People whose treatment with ruxolitinib is not recommended in this NICE guidance, but was started within the NHS before this guidance was published, should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.
Outcome: Added to the formulary pending receipt of completed and signed application from the Oncology Team

4.5 IVIG Update

- **IVIG requests**

Decision: Noted

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

March 2016
CWH Site

- There were 8 IVIG issues in March 2016, with 3 new requests:
  - One for ITP (Red indication)
  - One for Inflammatory Myopathies (Blue indication)
  - One for Lambert Eaton Myasthenic syndrome (Blue indication)

WMUH Site

- There were 16 IVIG issues in March 2016, with 7 new requests:
  - 4 for Kawasaki Disease (Red indication)
  - 1 for ITP (Red indication)
  - 1 for Haemolytic disease of the fetus and newborn (Red indication)
  - 1 for SLE with immunocytopenia, plastic anaemia/pancytopenia (Grey indication)

4.6 Items for noting

- **MHRA Update - March 2016**

MHRA update for March 2016

4.7 Meeting minutes for noting

- Trust Antimicrobial Steering Group meeting - January 2016
- Trust Antimicrobial Working Group meeting - January 2016
- Clinical Directorate of HIV and GUM, Drugs Sub-Committee meeting - January 2016
- Local Chemotherapy Group meeting - February 2016

6 Date of next meeting

Date: Monday 9th May 2016 8am-9am (This will be the first Trust Medicines Group meeting)
Location: Board Room (CWH Site) and Meeting Room A (WMUH Site (via video conferencing)
Closing date: 15th April 2016