# Chelsea and Westminster Hospital NHS Foundation Trust
# Trust Medicines Committee

**Summary of Main Points from the Meeting held on Monday 8th February 2016**

**2. Minutes and Summary Notes from last meeting**
The Minutes and Summary notes from the December 2015 meeting were approved and will be circulated.

**3. Matters Arising**
The Committee noted the matters arising from the previous meeting.

**4. Formulary Applications**
***Full applications***

- **Idarucizumab (Praxbind®) 2.5g/50ml solution for injection/infusion**

FM presented idarucizumab (Praxbind®) 2.5g/50ml solution for injection/infusion which is intended to be used in adult patients where rapid reversal of dabigatran's anticoagulant effected is required:

- For emergency surgery/urgent procedures
- In life-threatening or uncontrolled bleeding

**Decision: Accepted**

***Individual funding requests* (For noting)**

- **IFR - Ustekinumab for severe psoriasis**

For the management of a patient with severe psoriasis
**Decision: Noted**

- **Duavive Compassionate supply**

Duavive is a medicine used for the treatment of symptoms (such as hot flushes) caused by low blood levels of the female hormone oestrogen in women who have been through the menopause. It is used in women who still have their uterus and who cannot be treated with progestogen-containing medicines. Duavive contains two active substances: conjugated oestrogens and bazedoxifene.
This product is licensed in the UK but does is not commercially available
**Decision: Approved for use on a compassionate supply basis with input from Lead W&C Pharmacist.**

***Ex-Panel Requests***

- **Latanoprost 50mcg/ml preservative free unit eye drops**

**Decision: Accepted**

- **Levofloxacin 0.5% eye drops**

**Decision: Accepted**

- **Colesevelam 625mg tablets**

**Decision: Accepted**

- **Hydrex 4% Chlorhexidine Gluconate Scrub**

**Decision: Accepted**

***Removals***

- **Neomycin eye drops**
- **Neomycin minims**

**Decision: Removed**

**5. Trust Medicines Policy**

- **Trust Medicines Policy Audit 2015**

Report for the Trust Medicines Policy Audit undertaken in September 2015

Overall, the results show that there was very good compliance with almost all aspects of the Trust Medicines Policy. Of the 20 standards audited, 95% (n=19) scored 90%

Of the 19 standards where variance in compliance from the 2014/15 audit could be assessed, the compliance for 80% (n=16) either increased or remained static. Where the compliance remained static, 50% (n=8) of these continued to have 100% compliance.

Actions include:

a) Remind relevant clinical pharmacy staff of the need to ensure the route of administration is confirmed and documented correctly where patients are prescribed eye preparations for "Topical" application.

b) Remind relevant clinical pharmacy staff of the need to endorse all parameters relating to the infusion drug and fluid on prescriptions for IV drug infusions:

c) Revise the current version of the medication chart used on NICU to permit sufficient space to allow for the documentation of the above information for IV drug infusions.

d) Remind all pharmacy staff of the need to issue potassium chloride IV in accordance with the Trust Medicines Policy standards

Complete Trust incident forms for the 1 incident identified where the supply of potassium chloride IV was outside of the Trust Medicines Policy standards.

Ensure the wards that hold concentrated IV potassium ampoules as a stock item are detailed on the front of the relevant Pharmacy CD register. Display this information in a quick reminder poster for use in the Pharmacy CD Room

e) Continue the work being undertaken by the Omitted & Delayed Medicine Doses Task Force Group in conjunction with Senior Nursing staff to:

- Feedback the audit results at the Lead Nurses & Matrons Meeting reminding them of the need to for all missed doses to be documented using the standard Trust codes.

- Add the monitoring of Omitted and Delayed medicines and improvement initiatives through a newly established "Medicines Incident Group" which will feed into the Patient Safety Group.

- Undertake a re-audit of the relevant standard.

**6. Medicines Management**

- **Double checking of drugs in theatres**

Dr Bernard Norman, consultant anaesthetist, provided a report for the Trust Medicines Committee with regards to double-checking of drugs in theatres. It was agreed by the Committee that the Trust Medicines Policy would be reworded to the effect that a double check should be performed by anaesthetists, wherever possible and the recommendation sent to Dr Bernard Norman and WM anaesthetists.
**Decision: Noted**
**Action: Reword section within the Trust Medicines Policy and disseminate for comment**

- **IV omeprazole to esomeprazole injection in Paediatrics switch memo**

Memo to highlight the switch to esomeprazole 40mg injection for use in Paediatrics due to the discontinuation of omeprazole 40mg injection.
**Decision: Noted**

- **Opioid patch monitoring form**

An opioid patch monitoring form devised to be used for all in patients on opioid patch treatment. ST will begin to pilot the form on specific ward areas.
**Decision: Noted**

- **IV administration Guide: Glyceryl trinitrate (For approval)**

New IV administration monograph for Glyceryl trinitrate
**Decision: Approved**

- **IV administration Guide: Idarucizumab (For approval)**

New IV administration monograph for Idarucizumab
**Decision: Approved**

**7. NICE TA Guidance**

**6 Technology Appraisals have been noted in December 2015**

**NICE TA Guidance December 2015**

- **TA369 – Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears**

Ciclosporin is recommended as an option, within its marketing authorisation, for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes.
**Action: Add to formulary. Awaiting form from Opthalmologists.**

- **TA370 – Bortezomib for previously untreated mantle cell lymphoma**

Bortezomib is recommended, within its marketing authorisation, as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable
**Action: Already on the formulary. To update to use in line with NICE TA370.**

- **TA371 – Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane**

Trastuzumab emtansine is not recommended, within its marketing authorisation, for treating adults with human epidermal growth factor 2 (HER2) positive, unresectable locally advanced or metastatic breast cancer previously treated with trastuzumab and a taxane.
**Action: Not recommended**

- **TA372 – Apremilast for treating active psoriatic arthritis**

Apremilast alone or in combination with disease-modifying antirheumatic drug (DMARD) therapy is not recommended within its marketing authorisation for treating adults with active psoriatic arthritis that has not responded to prior DMARD therapy, or such therapy is not tolerated.
**Action: Not recommended**

- **TA373 – Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis**

Abatacept, adalimumab, etanercept and tocilizumab are recommended, within their marketing authorisations, as options for treating polyarticular juvenile idiopathic arthritis (JIA), including polyarticular-onset, polyarticular-course and extended oligoarticular JIA.
**Action: Abatacept, adalimumab, etanercept and tocilizumab already on the formulary. To update to use in line with NICE TA373.**

- **TA374 – Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy**

Erlotinib is recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer that has progressed in people who have had non-targeted chemotherapy because of delayed confirmation that their tumour is epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation-positive, only if the company provides erlotinib with the discount agreed in the patient access scheme revised in the context of NICE technology appraisal guidance 258.
Erlotinib is recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours of unknown EGFR-TK mutation status, only if:

- the result of an EGFR-TK mutation diagnostic test is unobtainable because of an inadequate tissue sample or poor-quality DNA and
- the treating clinician considers that the tumour is very likely to be EGFR-TK mutation-positive and
- the person's disease responds to the first 2 cycles of treatment with erlotinib and
- the company provides erlotinib with the discount agreed in the patient access scheme revised in the context of NICE technology appraisal guidance 258.

Erlotinib is not recommended for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours that are EGFR-TK mutation-negative.
Gefitinib is not recommended for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours that are EGFR-TK mutation-positive.
**Action: Erlotinib and Gefitinib already on the formulary. To update to use in line with NICE TA374.**

**NHSE Specialised Commissioning Policies**

- **Specialised Commissioning Drugs Briefing – December 2015**

Specialised commissioning drugs briefing published in December 2015
**Action: For noting**

- **SSC1602 – Specialised Commissioning Services Circular in relation to TA370**

NHS England will commission bortezomib according to the criteria contained within this circular from 15th March 2016.
**Action: For noting**

**8. IVIG Update**
**Decision: Noted**

- **IVIG requests**

**Decision: Noted**
**December 2015**
There were 19 IVIG Issues in December 2015, with 8 new requests:

- Two for ITP (Red indication)
- Two for Myasthenia Gravis (Blue indication)
- One for Acquired cell plasia (Blue indication)
- One for Inflammatory myopathies (Blue indication)
- One for Kawasaki's Disease (Red indication)
- One for TENs (Red indication)

**January 2016**
There were 10 IVIG Issues in January, with 4 new requests:

- One for Kawasaki's Disease (Red indication)
- One for Stevens Johnson Syndrome (Red indication)
- One for Paraprotein-associated demyelinating neuropathy (Red indication)
- One for Myasthenia Gravis (Blue indication)

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**9. Items for noting**

- **MHRA Update - December 2015**

MHRA update published December 2015.
**Decision: Noted**

- **MHRA Update - January 2016**

MHRA update published January 2016
**Decision: Noted**
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- **NWLIF compliance audit Q3 2015/2016**

Audit of prescribing compliance with the NWLIF Q3 2015/2016 (97.6% complaint)
**Decision: Noted**

- **Non-medical prescriber register - January 2016**

Trust non-medical prescriber register as of January 2016
**Decision: Noted**

- **NHS England letter re CD Occurrence Report and template**

Letter from NHS England requesting CD Occurrence Report for Q3 2015/2016
**Decision: Noted**

- **Non-medical prescriber register - November 2015**

Trust non-medical prescriber register as of November 2015.
**Decision: Noted**

**10. Meeting minutes for noting**

HIV Subcommittee Meeting- Minutes from the HIV subcommittee meeting held in November 2015.
**Decision: Noted**

**11. Joint Formulary**

- **Minutes from WMUH DTC December 2015**

Minutes from the WMUH DTC meeting held in December 2015
**Decision: Noted**

- **Minutes from WMUH DTC January 2016**

Minutes from the WMUH DTC meeting held in January 2016
**Decision: Noted**

**13. Date of next meeting**

**Monday 14th March 2016: 8.00 - 9.00**
**Board Room: Lower Ground Floor, Lift Bank B**
**Closing date for papers: Friday 19th February 2016**