Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee

Summary of Main Points from the Meeting held on Monday 14th March 2016

2. Minutes and Summary Notes from last meeting
The Minutes and Summary notes from the February 2016 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

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

This application was deferred to the next meeting as a presenter did not attend to present the application.
Decision: Deferred to the April meeting

- **Peginterferon beta-1a 125mcg solution for injection in pre-filled pen (Plegridy®)**

Plegridy® is a Peginterferon beta-1a 125 microgram solution for injection presented in pre-filled pen. It is indicated for the treatment of relapsing remitting Multiple Sclerosis.
It confers additional benefits over conventional Interferon beta-1a/1b as it can be administered every 2 weeks by subcutaneous injection. Other formulary options can only be administered by intramuscular injection or can be administered via subcutaneous injection but require more frequent dosing (twice daily to weekly). As the preparation is a pegylated derivative there is better patient adherence, safety and tolerability. It is intended that all new patients who would be suitable for interferon treatment will start Plegidy®. Plegidy® is commissioned by NHS England.
Decision: Approved for inclusion on the formulary

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

This application was deferred to the next meeting as a presenter did not attend to present the application.
Decision: Deferred to the April meeting

- **Magnesium Aspartate Dihydrate 243mg powder for oral solution (Magnaspartate®)**

Magnaspartate® is a powder for reconstitution into a solution for oral administration. It is indicated for the treatment and prevention of magnesium deficiency and magnesium supplementation.
It is intended that Magnaspartate® will provide a further formulation option for patients requiring oral magnesium replacement/supplementation. Magnaspartate® is licensed from 2 years of age and therefore it was decided that magnesium glycerophosphate 1mmol/ml liquid should remain on the formulary for patients aged less than 2 years.
Decision: Approved for inclusion on the formulary

5. Trust Medicines Policy

- **Trust Medicines Policy Section 8 – Administration of medicines**

This section has been updated to include Monoclonal Antibiodies as a group of medicines where there is a requirement to record batch numbers at the time of administration. This was an action from an investigation that took place recently relating to Remsima®.

6. Medicines Optimisation

- **Letter re. Trust Medicines Group**

A letter was noted that has been circulated to all members of the Medicines Committee at CWH and Drug & Therapeutics Committee (WMUH) regarding the merging of both committees into a single joint group. This new group will be called the Trust Medicines Group (TMG) and will be accountable to the Trust Board via the Trust Patient Safety Group. Joint meetings will take place monthly on the second Monday of every month (excluding January and August) from 8am to 9am and will take place in the Board Room at the CWH Site with video communication to Meeting Room A or B at WMUH Site. Joint meetings will commence from Monday 11th April 2016.

Dates for meeting for the remainder of the year:

April 11th	September 12th
May 9th	October 10th
June 13th	November 14th
July 11th	December 12th

Before the first TMG meeting, there will be a review and update of the Terms of Reference and TMG Membership and this will be circulated at the first meeting.
Work is ongoing with the amalgamation of the two hospital site formularies into one Joint Trust Formulary.
Current members of the Drug and Therapeutics Committee and Trust Medicines Committee were invited to become members of the new TMG.

- **Downtime prescription forms TTOs and out-patients**

The current versions of the paper prescription pads which are used during Lastword downtime are in the process of being updated and the draft updated versions were presented. Once approved these will be made available on all wards/clinics and will replace the current version.
Decision: Approved

- **Remsima® Investigation Summary Report**

A summary was provided of an investigation that took place recently relating to Remsima®.
Decision: Noted

- **Antimicrobial guidelines**

The Antimicrobial sub-group recently approved three guidelines for use with the Trust. These include:

- Obstetrics & Gynaecology Antimicrobial Guidelines
- Paediatrics Gentamicin Once Daily Dosing Guidelines 2016
- Adult Antibiotic Therapeutic Dosing & Monitoring Guide

These guidelines form part of the new merger strategy for Antimicrobial Stewartship**.**
Decision: Noted - Approval was granted on 17th February by Chairman's action.

7. NICE TA Guidance
8 Technology Appraisals have been noted in January 2016
3 Technology Appraisals have been noted in February 2016

NICE TA Guidance January 2016

- **TA375 - Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed**

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept, all in combination with methotrexate, are recommended as options for treating rheumatoid arthritis, only if:

- disease is severe, that is, a disease activity score (DAS28) greater than 5.1 and
- disease has not responded to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs) and
- the companies provide certolizumab pegol, golimumab, abatacept and tocilizumab as agreed in their patient access schemes

Adalimumab, etanercept, certolizumab pegol or tocilizumab can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance,
Action: To update formulary to indicate all listed drugs now used in line with NICE TA375

- **TA376 - Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases**

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

- they have had treatment with docetaxel, and
- the company provides radium-223 dichloride with the discount agreed in the patient access scheme.

Action: To confirm with Oncology Team if applicable to C&W

- **TA377 - Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**

Enzalutamide 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
- and only when the company provides it with the discount agreed in the patient access scheme

Action: To update formulary to indicate Enzalutamide is now used in line with NICE TA377

- **TA378 - Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy**

Ramucirumab alone or with paclitaxel is not recommended within its marketing authorisation for advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy
Action: No action - Not recommended

- **TA379 - Nintedanib for treating idiopathic pulmonary fibrosis**

Nintedanib is recommended as an option for treating idiopathic pulmonary fibrosis, only if:

- the person has a forced vital capacity (FVC) between 50% and 80% of predicted
- the company provides nintedanib with the discount agreed in the patient access scheme and
- treatment is stopped if disease progresses (a confirmed decline in percent predicted FVC of 10% or more) in any 12-month period

Action: No action - Not applicable to C&W

- **TA380 - Panobinostat for treating multiple myeloma after at least 2 previous treatments**

Panobinostat in combination with bortezomib and dexamethasone is recommended, within its marketing authorisation, as an option for treating multiple myeloma, that is, for 'adult patients with relapsed and/or refractory multiple myeloma who have received at least 2 prior regimens including bortezomib and an immunomodulatory agent' when the company provides panobinostat with the discount agreed in the patient access scheme
Action: To be added to the formulary pending a completed application form being received from the Oncology Team.

- **TA381 - Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy**

Olaparib is recommended within its marketing authorisation as an option for treating adults with relapsed, platinum sensitive ovarian, fallopian tube or peritoneal cancer who have BRCA1 or BRCA2 mutations and whose disease has responded to platinum based chemotherapy only if:

- they have had 3 or more courses of platinum based chemotherapy and
- the drug cost of olaparib for people who remain on treatment after 15 months will be met by the company

Action: No Action - Not applicable to C&W

- **TA382 - Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal)**

NICE is unable to make a recommendation about the use in the NHS of eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy because no evidence submission was received from Novartis for the technology
Action: No action - Appraisal Terminated

NICE TA Guidance February 2016

- **TA383 - TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis**

Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are recommended, within their marketing authorisations, as options for treating severe active ankylosing spondylitis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. Infliximab is recommended only if treatment is started with the least expensive infliximab product. People currently receiving infliximab should be able to continue treatment with the same infliximab product until they and their NHS clinician consider it appropriate to stop
Adalimumab, certolizumab pegol and etanercept are recommended, within their marketing authorisations, as options for treating severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs.
Action: To update formulary to indicate all listed drugs now used in line with NICE TA383

- **TA384 - Nivolumab for treating advanced (unresectable or metastatic) melanoma**

Nivolumab as monotherapy is recommended, within its marketing authorisation, as an option for treating advanced (unresectable or metastatic) melanoma in adults
Action: To be added to the formulary pending a completed application form being received from the Oncology Team

- **TA385 - Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia**

Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated
Action: To update formulary to indicate all listed drugs now used in line with NICE TA385

8. IVIG Update
Decision: Noted

- **IVIG requests**

Decision: Noted
February 2016
There were 10 IVIG Issues in February 2016, with 6 new requests:

- Two for Myasthenia Gravis (Blue indication)
- Four for Kawasaki's Disease (Red indication)

9. Items for noting

- **BCG vaccine expiry date extension**

Letter from Public Health England re. extension of expiry date of a specific batch of BCG vaccine.

- **Quarterly Controlled Drugs Summary Report (CWH) Q3 2015/16**

Quarterly Controlled Drugs Report for Q3 2015/16 (CWH Site only)

- **Quarterly Controlled Drugs Occurrence Report (CWH) Q3 2015/16**

Quarterly Controlled Drugs Occurrence Report for Q3 2015/16 (CWH Site only)

- **Trial of secure medicines returns bin on Neptune/Jupiter Ward**

Trial is being undertaken of a secure medicines returns bin on Neptune/Jupiter Ward. A questionnaire will be devised to gain user feedback. This has been implemented following the CQC visit in 2014 where it was noted that the Trust needed to implement a more robust means of securing medicines awaiting return to Pharmacy. Once feedback is obtained a review will take place re roll-out to the other wards in the hospital.

- **Audit - Vinca Alkaloids 2015**

Audit re. Vinca Alkaloids

- **Audit - Oral Anticancer medicines - Risk of incorrect dosing**

Audit re. Oral Anticancer Medicines

- **Audit - Intrathecal Chemotherapy**

Audit re. Intrathecal Chemotherapy

- **MHRA Update - February 2016**

MHRA update for February 2016

10. Meeting minutes for noting

Local Chemotherapy Group meeting minutes - February 2016

11. Joint Formulary

Minutes from the WMUH DTC meeting held in December 2015

Decision: These were not available at the time of the meeting. Deferred until April 2016

13. Date of next meeting

Date: Monday 11th April 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: 18th March 2016