Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee

Summary of Main Points from the Meeting held on Monday 9th November 2015

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

- **Timolol 0.5% gel forming eye drops solution**

Decision: Accept
BL presented the use of Timolol 0.5% gel forming eye drops solution that will be intended to be used off licence to treat infantile haemangiomas. As timolol maleate is a beta-blocker, timolol works to make blood vessels tighten thus reducing blood flow through the haemangioma. This in turn aims to reduce the colour of the haemangioma and to reduce the size. Currently no other topical treatments - propranolol (oral) has been used initially to treat haemangiomas, but its treatment is limited due to its systemic side effects. Dose intended to be used would be 1 drop once a day to be applied topically to the haemangioma for a duration of approx. 6-12 months. Patient is reviewed at 6 months and if treatment is unsuccessful, treatment with timolol will be stopped.
DL and CC clarified the position of primary care prescribing. GPs are under no obligation to prescribed an unlicensed use of a licensed medication and thus the hospital may need to continue the prescribing should the GPs refuse to continue treatment. BL has stated that some GPs have been continuing the prescribing currently, but understands that the GPs are under no obligation to do so, in which case she will be happy to continue prescribing.

Individual funding requests (For noting)

- **IFR – Rituximab for Neuromyelitis Optica**

For the management of a patient with neuromyelitis optica
The above IFR application was noted.

Ex-Panel Requests

- **Copaxone 40mg/ml prefilled syringe**

Decision: Accept

- **Dovobet gel applicator**

Decision: Accept

Removals

- Nil

5. Trust Medicines Policy

- **TMP: Section 8: Administration of Medicines**

Decision: Approved
Update to section 8.4 - to include a sub section on multiple doses from a single dose vial (vial sharing)

6. Medicines Management

- **Double checking of drugs in theatres**

Decision: Noted
BN was invited to the meeting to discuss double checking of drugs in theatres. According to the policies from both sites, a double check is required. BN was asked to review current policy and practice within theatres and to remind anaesthetists that double checking of drugs prior to administration is necessary according to the Trust's Medicines Policy.

- **Draft ketamine Memo**

Decision: Noted
Draft memo to highlight change in legislation with regards to ketamine schedule change.

- **LCA Operational Policy**

Decision: Noted
London Cancer Alliance paediatric oncology shared care unit operational policy.

7. NICE TA Guidance
6 Technology Appraisals have been noted in October 2015

NICE TA Guidance October 2015

- **TA357 – Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab**

Pembrolizumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults only:
•after the disease has progressed with ipilimumab and, for BRAF V600 mutation- positive disease, a BRAF or MEK inhibitor and

•when the company provides pembrolizumab with the discount agreed in the patient access scheme.
Action: Add to the formulary. Short form received.

- **TA358 – Tolvaptan for treating autosomal dominant polycystic kidney disease**

Tolvaptan is recommended as an option for treating autosomal dominant polycystic kidney disease in adults to slow the progression of cyst development and renal insufficiency only if:
•they have chronic kidney disease stage 2 or 3 at the start of treatment
•there is evidence of rapidly progressing disease and
•the company provides it with the discount agreed in the patient access scheme.
Action: Add to the formulary. Await short forms from renal team.

- **TA359 – Idelalisib for treating chronic lymphocytic leukaemia**

Idelalisib, in combination with rituximab, is recommended:
•for untreated chronic lymphocytic leukaemia in adults with a 17p deletion or TP53 mutation or
•for chronic lymphocytic leukaemia in adults when the disease has been treated but has relapsed within 24 months.
Idelalisib is recommended only if the company provides the drug with the discount agreed in the simple discount agreement
Action: Add to the formulary. Await short forms from oncology team.

- **TA360 – Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer**

Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine is not recommended within its marketing authorisation for adults with previously untreated metastatic adenocarcinoma of the pancreas.
Action: Not recommended

- **TA361 – Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C** (Terminated appraisal)

NICE is unable to make a recommendation about the use in the NHS of simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C because no evidence submission was received from Janssen for the technology.
Action: Nil Terminated appraisal.

- **TA362 – Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small-cell lung cancer (Terminated appraisal)**

NICE is unable to make a recommendation about the use in the NHS of paclitaxel as albumin-bound nanoparticles with carboplatin for adults with untreated non-small-cell lung cancer when potentially curative surgery or radiation therapy or both are unsuitable, because no evidence submission was received from Celgene for the technology.
Action: Nil Terminated appraisal.

NICE TA Short forms for Noting:

- **TA 350 – Secukinumab for treating moderate to severe plaque psoriasis**

Short form received
Action: For noting

NICE TA log 2015-16

- **NICE TA log 2015-2016 Full Report**

NICE TA log 2015-2016 – full report. Average implementation time: 21days
Action: For noting

- **NICE TA log 2015-2016 Report for internet**

NICE TA log 2015-2016 – report for internet. Shortened version for internet publication.
Action: For noting

8. IVIG Update
Decision: Noted

- **IVIG requests**

October 2015
There were 7 IVIG issues in September 2015, with 3 new requests:
- One for Kawasaki's Disease (Red indication)
- One for Guillain Barre Syndromes (Red indication)
- One for severe or recurrent Clostridium difficile colitis (Blue indication)

9. Items for noting

- **MHRA Update - October 2015**

Decision: Noted
MHRA update published October 2015

- **Non-Medical Prescriber Mandatory Training Update Day – Programme**

Decision: Noted
Programme for NMP mandatory training update day which will be held in November 2015.

- **Quarterly Controlled Drug Report Q1 2015/2016**

Decision: Noted
Quarterly CD Report Q1 2015/2016

10. Meeting minutes for noting

- HIV Subcommittee Meeting
  - September 2015
    Minutes from the local HIV subcommittee group meeting held in September 2015.

Decision: Noted

11. Joint Formulary

- **Joint Formulary Full Application Form (comments from West Middlesex DTC)**

The combined joint formulary full application form presented to CW October Medicines Committee was sent to West Middlesex for comments/approval at their November DTC meeting. There were no comments to the form and so it is now approved for use. This will be the form that will be used across both sites.

13. Date of next meeting
Monday 14th December: 8.00 - 9.00
Board Room: Lower Ground Floor, Lift Bank B
Closing date for papers: Friday 20th November 2015