Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee

Summary of Main Points from the Meeting held on Monday 7th September 2015

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the July 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

- **Brimonidine tartrate (Mirvaso®) 3mg/g gel**

Decision: Accept

Mirvaso® is indicated for the symptomatic treatment of facial erythema of rosacea in adult patients and is the only licensed treatment for this condition. CM presented this application to be used 2nd line. Currently patients are treated 1st line with azelaic acid or metronidazole gel which are currently on the Trust's formulary and both on the NWLIF. CM stated that there is a significant reduction in the facial erythema when treated with brimonidine gel and that other Trusts (Royal Free, St Georges, Royal London) are using this. It is advantageous to use this product as opposed to overuse of the antibiotic gel (metronidazole gel). Each tube lasts for 2 months and a patient would either use the gel daily or on a 'when necessary' basis. CM and BA stated that this type of medication should be managed within primary care following initiation by a specialist. Brimonidine gel is currently not on the NWLIF or on West Middlesex formulary. CC advised CM and the committee that this application would need to be submitted to the NWLIF in order for GPs to continue prescribing in primary care. The panel and CM agreed that it would be accepted onto the Trust's formulary under the following criteria:

- Dermatology initiation only
- 2nd line treatment
- Submission to the NWLIF

MB discussed with CM that a mechanism would need to be in place in the instance that Brimonidine gel is rejected by the NWLIF and thus the hospital would need to continue prescribing.

- **Dermax Therapeutic Shampoo (Benzalkonium Chloride 0.5% w/w)**

Decision: Accept

For the topical treatment of pityriasis capitis and other seborrhoeic scalp conditions, where there is scaling and dandruff. NR presented the application for Dermax that would be used in paediatrics patients only where current formulary alternatives would irritate the skin. Currently aqueous cream, coal tar and ketoconazole shampoo are formulary options for this condition, however for some patients, these medications are irritant or not suitable (due to amount of hair) and thus Dermax shampoo would provide a suitable alternative. The cost of Dermax is not significantly more than other formulary alternatives. MB queried with NR whether this should remain within paediatric prescribing or whether it should include adult prescribing. Dermax is not currently in the NWLIF nor on West Middlesex formulary. CC stated that the NWLIF does not include paediatric prescribing. The panel decided that it should be accepted onto the formulary for paediatric prescribing only.

- **Insulin Aspart (Novorapid® Pump Cart)**

Decision: Accept

NovoRapid® pump cart is indicated for treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above. It will be used only in patients who are wanting to start on insulin pump therapy. MF stated that there is an alert with regards to the device (pump) itself. MB stated that the alert should be resent to Dr Bridges for noting. This medication is on the NWLIF. The panel decided that this would be accepted onto the formulary and that the safety alert was resent.

- **Truvada for pre-exposure (PrEP)**

Decision: Accept

Truvada is intended to be used as pre-exposure (PrEP) in HIV negative patients at high risk of acquiring HIV from sexual activity. MT presented to the committee the application for Truvada to be used in an unlicensed indication. Recent published evidence has shown an 86% reduction in HIV acquisition if Truvada is administered daily or prior to and after sexual intercourse (two tablets between 2-24 hours before having sex and two additional single pill doses 24 and 48 hours after the last pre-sex dose). MT stated that Truvada for PrEP is approved by WHO and currently prescribed for this indication in the US and Australia. The NHS England PrEP policy is currently being written and scheduled for approval 2016/17. It would be the plan for Dr Nwokolo and Dr Toby to set up a clinic for PrEP at 56 Dean Street Site. It is also the intention that this treatment regimen would be offered via 'top-up' NHS provision. MB presented a price modelling document prepared by the Lead Directorate Pharmacist for HIV/GUM. This document detailed the price that would be charged to a patient for 30 tablets, as £400.00. (NB. Patients would only be dispensed original packs of Truvada due to the stability of the medication. Truvada is hygroscopic and only has a 14-day shelf life when dispensed outside of its original container. For this reason, patients would be dispensed drug in multiples of 30). BA highlighted to the committee the importance of the education of safe sexual practices within this cohort of patients. The committee agreed for Truvada for PrEP to be accepted onto the formulary for this indication.

Individual funding requests (For noting)

- **Nil**

Ex-Panel Requests

- **Gabapentin 250mg/5ml oral liquid**

Decision: Accept

- **Minims Povidone Iodine 5% w/v eye drops**

Decision: Accept

- **Xailin Hydrate eye drops**

Decision: Accept

- **Finasteride 1mg tablets**

Decision: Reject. A full formulary application would be required.

- **Fexofenadine 120mg tablets**
  Fexofenadine 180mg tablets

Decision: Reject. A full formulary application would be required.

- **Hyacyst 120mg in 50ml prefilled syringe**

Decision: Accept

Removals

- Nil

5. Trust Medicines Policy

- **TMP: Appendix 4. In patient self administration of medicines**

Decision: Approved

Changes to the policy to reflect how patients opt out and clarification of responsibilities.
This policy has been updated in conjunction with pharmacists at West Middlesex site. This policy has been approved by the committee to be used across both sites.

6. Medicines Management

- **Propofol Colour on Carton Memo**

Decision: Noted

Memo circulated to medical, nursing and pharmacy staff for wards, theatres or departments, in light of the class 4 drug alert issued by the MHRA.

- **Mupirocin (Bactroban®) Nasal Ointment Shortage Memo**

Decision: Noted

Trustwide memo circulated in light of a national shortage of Mupirocin nasal ointment.

- **Adult antimicrobial dosing guidelines 2015/16**

Decision: Noted

Update to the antimicrobial dosing guidelines that now include dosing in AKI, CKD, CRRT and adjustments in obesity. This guideline has been approved by the committee to be used across both sites.

- **Adult Antibiotic Therapeutic Dosing & Monitoring Guide**

Decision: Noted

Adult antibiotic therapeutic dosing and monitoring guide for teicoplanin and vancomycin (intermittent and continuous dosing). This guideline has been approved by the committee to be used across both sites

- **Adult once daily gentamicin monitoring chart**

Decision: Noted

Paper based monitoring chart for gentamicin. To be piloted on AAU.

- **Adult once daily vancomycin monitoring chart**

Decision: Noted

Paper based monitoring chart for vancomycin. To be piloted on AAU.

- **Paediatric Intravenous Access Device Policy**

Decision: Noted

Policy to provide guidance on the care and management of IV devices currently used in within Paediatrics. The policy outlines the education and training required by all staff accessing IV devices and administering IV therapy. The policy also stipulates the professional responsibilities of all staff involved in the checking, administering and documentation of all intravenous therapy activities to ensure the delivery of safe, quality intravenous practice.

- **Guidance on Management of Medicines Excluded from the National Tariff (PbR Excluded Drugs) 2015-16**

Decision: Approved

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee

Guidance document on the management of medicines excluded from the National Tariff and updated list of these medicines.
This guidance has been approved by the committee to be used across both sites

- **Prevention and Management of ritonavir/cobicistat interaction with glucocorticoids**

Decision: Noted
Policy for HIV/GUM directorate and endocrinology department on the prevention and management of ritonavir/cobicistat interaction with glucocorticoids

- **NHS/PSA/Re/2015/007**
  Addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme

Decision: Noted
Relating report.

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

NICE TA Guidance July 2015

- **TA345 – Naloxegol for treating opioid-induced constipation**

Naloxegol is recommended, within its marketing authorisation, as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives.
An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.
Action: Add to formulary. Awaiting short application form from pain team.

- **TA346 – Aflibercept for treating diabetic macular oedema**

Aflibercept solution for injection is recommended as an option for treating visual impairment caused by diabetic macular oedema only if:
- the eye has a central retinal thickness of 400 micrometres or more at the start of treatment and
- the company provides aflibercept with the discount agreed in the patient access scheme.

Action: Add to formulary. Awaiting short application form from ophthalmologists.

- **TA347 – Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer**

Nintedanib in combination with docetaxel is recommended, within its marketing authorisation, as an option for treating locally advanced, metastatic or locally recurrent non-small-cell lung cancer of adenocarcinoma histology that has progressed after first-line chemotherapy, only if the company provides nintedanib with the discount agreed in the patient access scheme
Action: Add to formulary. Awaiting short application form from oncologists.

- **TA348 – Everolimus for preventing organ rejection in liver transplantation**

Everolimus (Certican) is not recommended for preventing organ rejection in people having a liver transplant
Action: Not recommended

- **TA349 – Dexamethasone intravitreal implant for treating diabetic macular oedema**

Dexamethasone intravitreal implant is recommended as an option for treating diabetic macular oedema only if:
- the implant is to be used in an eye with an intraocular (pseudophakic) lens and
- the diabetic macular oedema does not respond to non-corticosteroid treatment, or such treatment is unsuitable

Action: Add to formulary. Awaiting short application form from ophthalmologists.

- **TA350 – Secukinumab for treating moderate to severe plaque psoriasis**

Secukinumab is recommended, within its marketing authorisation, as an option for treating adults with plaque psoriasis only when:
- the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10
- the disease has failed to respond to standard systemic therapies, for example, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or these treatments are contraindicated or the person cannot tolerate them
- the company provides secukinumab with the discount agreed in the patient access scheme.

Action: Add to formulary. Awaiting short application form from dermatologists.

- **TA351 - Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy**

Terminated appraisal
Action: Nil

- **HSTTA329 – Introducing biosimilar versions of infliximab: Inflectra and Remsima**

Resource developed to provide practical information and advice on the use of biosimilar versions of infliximab (Inflectra and Remsima).
Action: For noting

3 Technology Appraisals have been noted in August 2015

NICE TA Guidance August 2015

- **TA352 – Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy**

Vedolizumab is recommended as an option for treating moderately to severely active Crohn's disease only if:
- a tumour necrosis factor-alpha inhibitor has failed (that is, the disease has responded inadequately or has lost response to treatment) or
- a tumour necrosis factor-alpha inhibitor cannot be tolerated or is contraindicated.

Action: Currently on the formulary. To update formulary to indicate that vedolizumab is to be used in line with NICE TA 352

- **TA353 - Bevacizumab for treating relapsed, platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer**

Terminated appraisal.
Action: Nil

- **TA354 - Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism**

Edoxaban is recommended, within its marketing authorisation, as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults.
Action: Add to formulary. Awaiting short application form from haematologists.

NHSE Specialised Commissioning Policies

- **SSC1533 – Specialised Commissioning Services Circular in relation to TA339:Omalizumab for previously treated chronic spontaneous urticaria**

NHS England will commission both omalizumab according to the criteria contained within this circular from 9th September 2015.
Action: Noted

8. IVIG Update
Decision: Noted

- **IVIG requests**

July 2015
There were 17 IVIG issues in July 2015, with 8 new requests:
- Two for myasthenia gravis (Blue indication)
- Three for ITP (Red indication)
- One for Guillain Barre Syndrome (Red indication)
- One for Chronic inflammatory demyelinating polyradiculoneuropathy (Red indication)
- One for Staphylococcal or streptococcal toxic shock syndrome (Blue indication)

August 2015
There were 13 IVIG issues in August 2015, with 9 new requests:
- One for myasthenia gravis (Blue indication)
- Seven for ITP (Red indication)
- One for Staphylococcal or streptococcal toxic shock syndrome (Blue indication)

One for Severe or recurrent Clostridium difficile colitis (Blue indication)

9. Items for noting

- **MHRA Update**

June 2015
August 2015

- **Cancer Drugs Fund LIst**

List of drugs approved by the National Cancer Drugs Fund for specified indications as 21/07/15

- **Trust PGD Lead**

Appointment of Trust PGD Lead

- **PGD Tracker**

PGD tracker as of August 2015

- **Non-Medical Prescriber Register – July 2015**

Trust NMP register as of July 2015

- **Non-Medical Prescriber Update Day**

Mandatory Update Day for NMPs registered within the Trust

- **Quarterly Controlled Drug Occurrence Report Q4 2014/15**

Quarterly Controlled Drug Occurrence Report Q4 2014/15

- **Quarterly Controlled Drug Occurrence Report Q1 2015/16**

Quarterly Controlled Drug Occurrence Report Q1 2015/16

10. Meeting minutes for noting

- Local Antimicrobial Steering Group Meeting
  - July 2015
    Minutes from the local antimicrobial steering group meeting held in July 2015.

Decision: Noted

- HIV Subcommittee Meeting
  - May 2015
    Minutes from the HIV subcommittee meeting held in May 2015.

Decision: Noted

- HIV Subcommittee Meeting
  - June 2015
    Minutes from the HIV subcommittee meeting held in June 2015.

Decision: Noted

11. Joint Formulary

- Update from meeting with WMUH

Decision: Noted
Minutes from the CW and WMUH integration of medicines committees meeting held in July 2015.

- Minutes from WMUH DTC meeting

Decision: Noted
Minutes from the WMUH meeting held in August 2015.

13. Date of next meeting
Monday 12th October: 8.00 - 9.00
Board Room: Lower Ground Floor, Lift Bank B
Closing date for papers: Friday 18th September 2015