Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 13th June 2016

2. Minutes and Summary Notes from last meeting
The Minutes and Summary notes from the May 2016 Medicines Group meeting were approved and will be circulated.

3. Matters Arising
The Group noted the matters arising from the previous Medicines Group meeting in June 2016.

4.1 Formulary Applications
Ex-panel

- **Follitropin alfa (various strengths) prefilled syringes (Bemfola®) (Finox Biotech)**

Benfola® is a biosimilar of Gonal F and is indicated for the stimulation of multifollicular development in patients undergoing assisted reproductive technologies such as in vitro fertilisation (IVF).

The ACU consultants intend to use Bemfola® in approx. 50% patients mainly in those patients prescribed set doses. The pen device for Bemfola® only delivers one set dose.

Bemfola® prices are: (prices per disposable device ex VAT)
75iu - £7.95
150iu - £15.90
225iu - £23.85
300iu - £31.80
450iu - £47.70

Gonal F Prices:
450iu £54.00
900iu £108.00

Cost difference per 450iu = £6.30 per pen
Estimated cost savings if used 50% of 2015/16 Gonal F usage = £8.8K to the Trust.

It was mentioned that nursing staff on ACU had raised previously that there were concerns relating to the difficulties with using the pen device to administer doses.
Action: To confirm if there concerns relating to the usage of the pen still exists.
Decision: Approved for inclusion on the Trust formulary providing resolution of the issue relating to the usage of the pen.

- **Isosorbide Dinitrate (0.5mg/ml and 1mg/ml) Injection (Isoket®) (UCB Pharma)**

The Cardiologist Team involved in the planned Cathether Lab at WMUH Site have requested Isosorbide Dinitrate 5-10mg/10ml solution for injection to be added to the formulary for intracoronary use (Licensed indication) during percutaneous transluminal coronary angioplasty to facilitate prolongation of balloon inflation and to prevent or relieve coronary spasm. The tablets are currently included on the formulary.
Decision: Approved for inclusion on the Trust formulary.

For noting
Application forms for recent NICE approved drugs that have been added to the formulary were noted. These included:

- Ciclosporin in line with NICE TA369 - For treating dry eye disease that has not improved despite treatment with artificial tears. Added to the formulary in February 2016.
- Ruxolitinib in line with NICE TA386 - Disease-related splenomegaly or symptoms in adults with myelofibrosis. Added to the formulary in April 2016
- Panobinostat in line with NICE TA380 - Multiple Myeloma after at least 2 previous treatments. Added to the formulary in March 2016.

(Note: The form for Ruxolitinib and Panobinostat were included on the agenda for the May meeting, however it was noted that anticipated usage figures were not provided on either form. In addition the Panobinostat form included an additional indication. The forms were updated and noted at this month's meeting).
Action: Noted

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Trust Medicines Group

Individual Funding Requests
The following individual funding requests were presented for noting. These have already been approved by the Pharmacoeconomic Board:

- Tocilizumab IV for HIV IRIS with resistant TB

Decision: Noted

- Rituximab IV for Pemphigus Vulgaris

Decision: Noted

4.2 Trust Medicines Policy

- **TMP Section 8. Administration of medicines**

Updated with strengthened wording to state that a double check should be performed by anaesthetists, wherever possible.
Decision: Approved

4.3 Medicines Optimisation

- **Medicines Management Highlight Report 2015/16 for Quality Committee**

Highlight report that provides an overview of Medicines Management related issues for 2015/16 that has been drafted for and at the request of the Trust Quality Committee.
Decision: Noted

4.4 NICE TA Guidance

a) NICE TA Guidance - May 2016

3 Technology Appraisals have been noted in May 2016

TA389 - Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer

Recommendations
1.1 Paclitaxel in combination with platinum or as monotherapy is recommended within its marketing authorisation as an option for treating recurrent ovarian cancer

1.2 Pegylated liposomal doxorubicin hydrochloride (PLDH) as monotherapy is recommended within its marketing authorisation as an option for treating recurrent ovarian cancer

1.3 PLDH in combination with platinum is recommended as an option for treating recurrent ovarian cancer.

1.4 The following are not recommended within their marketing authorisations for treating the first recurrence of platinum-sensitive ovarian cancer:

- gemcitabine in combination with carboplatin
- trabectedin in combination with PLDH
- topotecan.

The appraisal committee was unable to make recommendations on the use of these technologies for treating platinum-sensitive ovarian cancer beyond the first recurrence.

1.5 Topotecan is not recommended within its marketing authorisation for treating recurrent platinum-resistant or platinum-refractory ovarian cancer.

1.6 People whose treatment with gemcitabine in combination with carboplatin, trabectedin in combination with PLDH, or topotecan 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.
Action: Not applicable to CW Trust

TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes

Recommendations
1.1 Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2

diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if:

- a dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and
- a sulfonylurea or pioglitazone is not appropriate.

1.2 Adults whose treatment with canagliflozin, dapagliflozin or empagliflozin as monotherapy 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.

Action: Update the formulary to indicate that Canagliflozin, Dapagliflozin and Empagliflozin are now used in line with NICE TA387.

- **TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel**

Recommendations

1.1 Cabazitaxel in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone-relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy, only if:
- the person has an eastern cooperative oncology group (ECOG) performance status of 0 or 1
- the person has had 225 mg/m^2 or more of docetaxel
- treatment with cabazitaxel is stopped when the disease progresses or after a maximum of 10 cycles (whichever happens first)
- NHS trusts purchase cabazitaxel in pre-prepared intravenous-infusion bags, not in vials, and
- the company provides cabazitaxel with the discount agreed in the patient access scheme.

1.2 When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.

1.3 This guidance is not intended to affect the position of patients whose treatment with cabazitaxel was started within the NHS before this guidance was published and whose treatment with cabazitaxel is not recommended in this NICE guidance. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

Action: Update the formulary to indicate that Cabazitaxel is now used in line with NICE TA391.

4.5 IVIG Update

- **IVIG requests**

May 2016
CWH Site

There were 10 IVIG issues, with 5 new requests:
- Two for Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) (Short term use) (Red indication)
- One for Guillain-Barre Syndrome (Red indication)
- One for Myasthenia Gravis (Blue indication)
- One for Secondary antibody deficiency (any cause) (Blue indication)

WMUH Site

There were 14 IVIG issues, with 2 new requests:
- One for acute ITP (Red indication)
- One for secondary antibody deficiencies (Blue indication)

Decision: Approved

4.6 Items for noting

- **Non-Medical Prescribing Register - May 2016**

Non-Medical Register for May 2016

Decision: Noted

- **MHRA Update - May 2016**

MHRA Update for May 2016

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Decision: Noted

4.7 Meeting minutes for noting

- **Clinical Directorate of HIV and GUM, Medicines Sub-Group meeting - April 2016**

Meeting minutes for April 2016
Decision: Noted

- **Local Chemotherapy Group meeting - May 2016**

Meeting minutes for May 2016
Decision: Noted

6. Date of next meeting

Next meeting
Date: Monday 11th July 2016
Time: 8am-9am
Location: Board Room (CWH Site) and Meeting Room A (WMUH Site via video conferencing)
Closing date: 17th June 2016