EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 5th April 2017
IN THE BOARDROOM, FERGUSON HOUSE, ST HELIER HOSPITAL

Present:
Dr S Patel (Chair) **SP**
Dr M Gardner (Consultant Anaesthetist) **MG**
Dr V De Silva (Consultant Nephrologist) **VDS**
Dr Mahmood (Consultant Gastroenterologist) **AM**
Dr R Shephard (Consultant Neonatologist) **RSh**
Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc**
Anne Davies (Chief Pharmacist) **AD**
Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**
Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST**
Anne Lowson (Secretary) **AL**

In attendance:
Vanya Slavova Boneva (Medicines Management Pharmacist) **VSB**
Kuljit Gata-Aura (Medicines Management Technician) **KGA**
Ria John (Medicines Management Administration Coordinator) **RJ**
Chidera Eguzoraku (Pre-registration Pharmacist) **CE**
Paul Dalton (Pre-registration Pharmacist) **PD**
Minal Karia (Primary Care Pharmacist, Sutton CCG) **MK**
Dr C Harland (Consultant Dermatologist) **CH**
Dr A Tewari (SpR Dermatologist) **AT**
Mr C Panos (Consultant Ophthalmologist) **CP**

No	Item	Responsible for Action
1.	**Apologies for Absence** Dr A Pitsiaeli (GP, Surrey Downs CCG) **AP** Dr P O'Mahony (Consultant Stroke Physician) **PO** Sharon Kitkatt (Consultant Nurse, Acute Pain Service) **SK** Dr J Bendig (Consultant Microbiologist) **JB**	
2.	**Declarations of Interest** No additional declarations of interest for this meeting from members or from the new drug presenters.	
3.	**Minutes of the Meeting held on 8th February 2017** Minutes were agreed.	
4.	**Matters Arising**	
a)	**Ranibizumab Switching Policy** AD to discuss further with Mr Saeed and report back to the committee with recommendations.	**AD**
b)	**SWL – Pathway for Melatonin** Meeting planned for next week with representatives from Sutton CCG and SWL and St Georges Mental Health Trust.	**AL/ST/NK**
c)	**Updated – Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease** CCGs to establish the current pathway for these drugs and to consider if	

	appropriate for specialists within the Trust to initiate treatment. Post meeting: Surrey Downs CCG advised that the clinicians would need to provide information to the PCN that they could meet the criteria laid out in the current shared care protocol e.g. assessments at the beginning and after three months treatment, and an annual review.	**LC/ST**
d)	**Calcipotriol/Betamethasone cutaneous (Enstilar ®)** Primary care representatives to discuss with GPs patient pathways and the possibility of initiating and maintaining the treatments including Enstilar® in psoriasis. Update at the next meeting.	**ST/LC**
e)	**Fibrin Sealants** Awaiting LPP review for rationalisation and this will be brought to the meeting when available.	**AD**
5.	**New Drug Requests**	
a)	**Simbrinza®(Brinzolamide 10mg/ml and Brimonidine 2mg/ml)** Mr Panos advised that this combination product was new to the market and had a place in advanced glaucoma where the two preparations would currently be used together as separate eye drops. This is in line with the current Trust glaucoma algorithm. Generally speaking, if patients require more than two drops to control the intraocular pressure (IOP), pressure-relieving surgery would be offered. However, not all patients are suitable for surgery, and some refuse. Patient numbers are low – estimated at 75 patients in the Trust who are receiving fourth line eye drop treatment options (four eye drop products). NICE have published an evidence summary and the Aung et al. study concluded that the fixed dose combination product had a significantly greater IOP lowering effect compared with brinzolamide or brimonidine alone and displayed a safety profile consistent with its individual components. The advantages of using a combination product in this situation, where multiple eye drops are being used, are that it is likely to improve compliance and reduces the preservative load, thereby reducing the risk of ocular surface disease. This product was recognised to be more expensive than two bottles containing individual ingredients. Mr Panos also advised he was currently trying to simplify the Trust glaucoma algorithm and this would be brought to a future meeting. **Decision** The committee supported the addition of Simbrinza® to the formulary as a fourth line treatment option in glaucoma, as it is likely to improve compliance and reduce ocular surface disease in this small patient cohort. The Trust glaucoma algorithm is being revised and consideration should be given to rationalising the products available in each therapeutic class. To be brought to a future meeting when finalised.	**VSB**
b)	**Monopost®(Latanaprost preservative-free eye drops 50mcg/ml)** Latanaprost, a prostaglandin analogue, is currently the first line treatment option for managing glaucoma in the Trust, and is an effective, well established, treatment. The Trust algorithm currently advises that, where possible, preservative-free options should be available for patients who have an allergy to preservatives, and to reduce ocular surface disease, when appropriate, e.g. conjunctival hyperaemia or ocular discomfort. The Trust does have tafluprost preservative-free eye drops on formulary, but it is slightly less effective when compared to latanoprost, and a more expensive preservative-free option. **Decision** To add Monopost® to the formulary as a preservative-free latanoprost eye drop for use in patients allergic to preservatives contained in the generic preserved latanoprost eye drops, or with ocular surface disease. As detailed above, the	**VSB**

	Trust glaucoma algorithm is being revised and formulary product rationalisation will be considered.	
c)	**Epiduo® gel (Adapalene 0.1% and benzoyl peroxide 2.5%)** Dr Tewari presented the case for Epiduo®, a combination product of adapalene (retinoid like activity) and benzoyl peroxide, for the treatment of acne vulgaris when comedones papules and pustules are present. Epiduo® does not contain an antibiotic and therefore there are no concerns regarding antimicrobial resistance when used alone. There is limited comparative data with Duac® which shows similar efficacy in percentage change in inflammatory lesions but, in some secondary endpoints, Duac® was more effective. However, Duac® contains an antibiotic (clindamycin), and so treatment is restricted to 12 weeks. The dermatological adverse events were mild to moderate in severity, and usually occurred early in treatment. In the Epiduo® group, dry skin occurred in 13% of patients. However, preparations containing benzoyl peroxide and topical retinoids will dry the skin and cause local irritation and treatment is often recommended to be started slowly at 2-3 evenings a week and to gradually increase the frequency. The Trust formulary option currently is Treclin®, which contains clindamycin and tretinoin and treatment is restricted to 12 weeks duration and for use in children over 12 years old; Epiduo® can be prescribed in children from 9 years old. The dermatologists would also like to consider using Epiduo® in combination with an oral antibiotic for moderate to severe acne, an approach supported by the primary care dermatological society if the mild to moderate papular/pustular acne has not responded to topical combination treatment. It may also be useful after treatment with oral isotretinoin if maintenance treatment is needed. The committee supported Sutton CCGs request to update the guidelines for managing acne, written by the Trust's dermatologists. **Decision** To add Epiduo® to the formulary for first-line treatment of mild to moderate papular/pustular acne as an alternative to Treclin® and for use with a systematic antibiotic if topical treatment alone is unsuccessful. It may also be used after oral isotretinoin as a step-down maintenance therapy. CCGs to approach Trust dermatologists to help with updating primary care guidance.	**SA**
	For discussion	
d)	**Budesonide foam enema switch from prednisolone – proposal for formulary change across SWL** Budesonide rectal foam is used for treatment of active ulcerative colitis that is limited to the rectum and sigmoid colon. Currently, the Trust formulary has prednisolone and hydrocortisone foam as treatment options. However, prednisolone foam enema is non-proprietary and the costs have risen significantly. The issue has been discussed both in Surrey PCN and SWL IBD network, and they support the use of budesonide over prednisolone foam enemas as they differ very little from a pharmacological aspect. The recommendation has also been supported by Trust gastroenterologists, although Dr Moodie has advised that there are, in his opinion, patients who may still need prednisolone foam. Hydrocortisone is also an option, but is more difficult for patients to self-administer. It was also noted that the supply chain of budesonide foam will need to be assessed. **Decision** To add budesonide foam enema to the formulary for use as a first line option for treatment of active ulcerative colitis limited to the rectum and sigmoid colon. Hydrocortisone foam to remain on formulary. Prednisolone will also remain an	**AL/KGA**

	option for patients currently receiving treatment until their clinicians consider a change to be appropriate.	
6.	**Six Month New Drug Reviews** Nothing for this meeting.	
7.	**NICE/MHRA Guidance**	
	NICE Technology Appraisals Summary	
	Updates	
	Nothing for this meeting	
	Technology Appraisals for Discussion	
a)	**Everolimus for advanced renal cell carcinoma after previous treatment – TA432** Everolimus is already on the Trust formulary, but advanced renal cell carcinoma after previous treatment will be added for use in patients admitted already on treatment.	**AL/KGA**
b)	**Aprelimast for treating active psoriatic arthritis – TA433** Aprelimast is already on the Trust formulary but the indication active psoriatic arthritis, as detailed in this TA, will be added for use by the rheumatologists. Applications will be made using the Blueteq form process. Patient numbers are likely to be small, but it has the advantage of less monitoring when compared with methotrexate.	**AL/KGA**
	Technology Appraisals For Information	
	Nothing for this meeting	
	Technology Appraisals Not Recommended	
	Nothing for this meeting	
	Clinical Guidelines Updated For Information	
c)	**Neuropathic pain in adults: Pharmacological management in non-specialist settings – CG173** This guideline has been updated to clarify that branded pregabalin should be used for neuropathic pain until the patent expires.	
d)	**Healthcare-associated infections: prevention and control in primary and community care – CG139** This guideline has been updated to include links to the Health and Safety (Sharp Instruments in Healthcare) Regulations and to the safety alert on chlorhexidine.	
e)	**Intrapartum care for healthy women and babies – CG190** This guideline has been updated following a review of the sections on monitoring foetal heart rate during labour.	
f)	**Surgical site infections: prevention and treatment – CG74** This guideline has been updated and now has links to the NICE guideline on caesarean section.	
g)	**Antenatal care for uncomplicated pregnancies – CG62** This guideline has been updated and now has links to the NICE diagnostics guidance on high-throughput non-invasive prenatal testing for foetal RHD genotype (DG25).	
h)	**Stroke and transient ischaemic attack in over 16s: diagnosis and initial management – CG68** This guidance has been amended to include the definition of aspirin intolerance rather than a link to it.	
i)	**Osteoporosis: assessing the risk of fragility fracture – CG146** This guidance has been updated to correct reference to the WHO in relation to the FRAX tool.	
j)	**Drug misuse prevention: targeted interventions – NG64** This guidance updates and replaces NICE guideline PH4 but contains no drug	

	references.	
	Clinical Guidelines for Discussion	
	Nothing for this meeting	
	Clinical Guidelines for Information	
k)	**Cerebral palsy in under 25s: assessment and management – NG62** This guideline covers diagnosing, assessing and managing cerebral palsy up to the 25th birthday. There are drug recommendations included, e.g. for drooling, low bone mineral density, pain and spasticity, but formulary options are available.	
l)	**Antimicrobial stewardship: changing risk-related behaviours in the general population – NG63** This guideline will be discussed at the antibiotic steering group. LC requested that representatives from the CCG attended as part of these meetings to discuss interface issues regarding antibiotics. Details of possible discussion points have been sent to AD.	**AD**
m)	**Spondyloarthritis in over 16s: diagnosis and management – NG65** This guideline covers diagnosing and managing spondyloarthritis in over 16s. Range of medications, e.g. NSAIDs, biological DMARDs and apremilast are already available on the formulary.	
	Quality Standard Updated	
	Nothing for this meeting	
	Quality Standard for Information (medicine related issues only)	
	Nothing for this meeting	
	Highly Specialised Technologies for Information	
n)	**Migalastat for treating Fabry disease – HST4** Migalastat is recommended as an option for treating Fabry disease in people over 16 years of age with an amenable mutation, only if migalastat is provided with the discount agreed in the patient access scheme, and only if enzyme replacement therapy (ERT) would otherwise be offered. Criteria for starting and stopping ERT for Fabry disease are described in the UK adult Fabry disease standard operating procedures (Hughes et al. 2013). The committee noted that there were important limitations and uncertainties in the evidence presented for migalastat, and that NICE have not evaluated ERT (agalsidase alfa and agalsidase beta) for treating Fabry disease. It encourages the company, NHS England and treatment centres to collect more evidence, particularly on the longer-term benefits of migalastat and ERT for treating Fabry disease. Migalastat will be added to the Trust formulary in line with this NICE HST.	
	For Discussion	
o)	**Publication of Clinical Commissioning Policy (16055/P) for Riociguat for Pulmonary Arterial Hypertension** NHSE have published a Clinical Commissioning Policy for Riociguat for pulmonary arterial hypertension. The Trust is not a recognised centre for treating this patient cohort, so this is for information.	
p)	**Publication of Interim Clinical Commissioning Policy: for Adalimumab for Adults with Severe Refractory Uveitis** NHSE have published an Interim Clinical Commissioning Policy for adalimumab for adults with sever refractory uveitis. The Trust is not a recognised centre for treating this patient cohort however one patient is currently being treated for this condition. AD to follow up.	**AD**
q)	**Lenvatinib – Thyroid cancer after radioactive iodine** NHSE have advised of the availability of lenvatinib for treating locally advanced/unresectable/metastatic differentiated thyroid cancer after	

	radioactive iodine. This is for information, as the Trust is not a recognised treatment centre.	
r)	**Talimogene - for treating unresectable metastatic melanoma** NHSE have advised that they will commission talimogene laherparepvec for unresectable metastatic melanoma, according to the listed criteria. This is for information as the Trust is not a recognised treatment centre.	
s)	**Everolimus – for advanced renal cell carcinoma after previous treatment** NHSE have advised that everolimus for advanced renal cell carcinoma after previous treatment will be available via the Cancer Drugs Fund from 12 January 2017. This is for information as the Trust is not a recognised treatment centre.	
t)	**Atezolizumab for the treatment of locally advanced or metastatic urothelial carcinoma in adults** NHSE have advised of the addition of atezolizumab for the treatment of locally advanced or metastatic urothelial carcinoma to the early access to medicines scheme. The process is detailed and the Trust urologists are commissioned to provide the service. They have been made aware of the guidelines.	**AL/KGA**
u)	**Cetuximab and panitumumab for previously untreated metastatic colorectal cancer** NHSE have produced a final appraisal determination for cetuximab and panitumumab for previously untreated metastatic colorectal cancer. Interim funding is available from the Cancer Drugs Fund from 2 March 2017. This is for information only, as the Trust is not a recognised provider to treat colorectal cancer.	
	Health Technology Assessment	
	Nothing for this meeting	
	MHRA Guidance	
v) and w)	**February 2017 and March 2017** The MHRA drug safety updates have been circulated to relevant clinicians in the Trust, regarding the updated advice on the use of hyoscine butylbromide in patients with underlying cardiac disease and SGLT2 inhibitors and the risk of lower limb amputation.	
8.	**Patient Safety Alerts** Nothing for this meeting	
9.	**Operational Issues**	
a)	**3M Tegaderm IV securement dressing for central venous and arterial catheter insertion sites** There has been further discussion around this NICE guideline with the infection control team. Clear dressings are used in critical care areas, but further discussion required around chlorhexidine. RSh advised she would be happy to help from a neonatal viewpoint.	**AD/Donna Francis/AL**
b)	**Review of Trust Vitamin D Guidance – meeting 5 April 2017** Meeting arranged with CCG and Trust colleagues after NDAIG today.	**AL/VSB**
c)	**Regional Medicines Optimisation Area Prescribing Committees** Following the feedback meetings in February, the plan for implementation of these groups has been revised. They will still start with a meeting in April, but will now concentrate on medicines optimisation initially, and not new drugs. Issues like the prescribing of gluten-free products and biosimilar drug usage will be discussed. Members of this committee are invited to apply to become members of the new RMO committee. Further information from AD. The CCGs advised that they are currently subscribing to PrescQIPP, a social enterprise that reviews therapeutic areas and this can be used to guide decision-making.	**AD**

10.	**Feedback from CCGs and Trust Committees**	
a)	**Respiratory Working Group** Meeting to be arranged to discuss management of asthma with Trust and CCG colleagues.	**SA**
b)	**DOAC's** **I. DVT/PE** Electronic forms for doctors to complete regarding these drugs to enable good communication with GPs have been completed. AMU have advised that they may use low molecular weight heparin until a confirmed diagnosis is made of a DVT or PE. Trust guidelines to be linked up.	**SP/AL/AD**
	The meeting closed at this point, and committee members will be circulated this section of the minutes for comment prior to the next meeting.	
c)	SWL Sutton & Merton CCGs **I. Minutes – November 2016** For information. **II. Minutes – January 2017** For information. **III. South West London Medicines Optimisation Programme (STP work stream)** Not discussed due to time pressures. **IV. De Prescribing** Not discussed due to time pressures.	
d)	**SWL Medicines Optimisation Group** This guidance on the use of PCSK9 inhibitors has been reviewed by the Trust lipid specialists and they have commented on the advice to consider discontinuation and not to discontinue absolutely in the absence of a 30% response. They support this position but would like clarity on whether this will be included in the Blueteq drug request form. The chronic stable angina treatment guidance has been circulated to the cardiologists. No comments received, so will be resent. The Trust do currently calculate Cr Cl for DOACs using ideal body weight. South London are recommending the use of MDCalc Cockcroft-Gault Equation, which recognises the need to adjust for bodyweight in obese individuals and will calculate a modified estimate of Cr Cl with a range that is based on ideal bodyweight (IBW) and actual bodyweight (ABW). The link to the calculator can be added to the Trust intranet but still looking into whether it can be linked to the site from within CM. Ian Barnard is investigating. The committee are requested to support the calculator.	**AL** **AL** **AD/AL/Ian Barnard**
e)	**Surrey Prescribing Clinical Network** **I. Minutes – February 2017** For information. **II. PCN 238-2017: Striverdi Respimat® (olodaterol 2.5micrograms) for the treatment of chronic obstructive pulmonary disease (COPD)** This LABA device is not currently on the Trust formulary. However, the Trust will	

	consider this guidance when a formulary application is received. **III. PCN 239-2017: Onbrez Breezhaler for the management of chronic obstructive pulmonary disease (COPD)** This LABA device is not currently on the Trust formulary. However, the Trust will consider this guidance when a formulary application is received. **IV. PCN 240-2017: Vitamin D deficiency in adults – treatment and prevention (without bone disease)** The Trust rheumatologists support this guidance and it will be considered as the Trust revises their Vitamin D protocol. **V. PCN 241-2017: Brivaracetam (Briviact®) as an adjunctive therapy in the treatment of partial-onset seizures in epileptic patients from 16 years of age** This anti-epileptic medication is not currently on the formulary. The Trust will consider this PCN guidance when a formulary application is received. **VI. PCN 242-2017: Ivermectin Cream (10mg/g) (Soolantra) for the treatment of papulopustular rosacea** The Trust dermatologists support this guidance and this product is already on the Trust formulary. **VII. PCN 243-2017: Apremilast for treating moderate to severe plaque psoriasis (NICE TA419)** The Trust has agreed this NICE TA and apremilast is on the formulary for this indication. Funding will be sought using the Blueteq application process. **VIII. PCN 244-2017: Vitamin D deficiency in adults – treatment and prevention (for those with bone disease)** The Trust rheumatologists support this guidance and it will be considered as the Trust revises their Vitamin D protocol. **IX. PCN 245-2017: Magnesium (Magnaspartate & unlicensed magnesium salt products) for the treatment and prevention of magnesium deficiency** Magnaspartate is already the Trusts' first-line treatment option in the treatment and prevention of magnesium deficiency, so the committee supports this statement. **X. PCN 246-2017: Aledndronate (Alendronic acid) 70mg/100ml Oral Solution for treatment of post-menopausal osteoporosis, for patients unable to swallow tablets** The Trust supports the use of a licensed formulation when patients are unable to swallow tablets safely. **XI. PCN 247-2017: Binosto® (Alendronic acid) 40mg soluble tablet for the treatment of post-menopausal osteoporosis, for patients unable to swallow tablets** The Trust does not currently have Alendronic acid soluble tablets on its' formulary. It will consider this statement if a request is received.	**VSB/SP/AL**

	XII. PCN 248-2017: Prednisolone foam enema for treatment of active Ulcerative Colitis The Trust supports this statement; however refer to 5d) for more information. **XIII. PCN 249-2017: Budenofalk (budesonide) rectal foam for treatment of active Ulcerative Colitis** The Trust supports this statement; however refer to 5d) for more information. **XIV. PCN 250-2017: Fibrates for the treatment of patients with hypertriglycertidaemia (>10mmol/L)** The Trust lipidologists have been advised of this statement and support it. **XV. PCN 251-2017: Fibrates for the prevention of Cardiovascular Disease** The Trust lipidologists have been advised of this statement and support it. **XVI. PCN 252-2017: Fibrates for patients with Familial Hypercholesterolaemia** The Trust lipidologists have been advised of this statement and support it. **XVII. PCN 253-2017: Nicotinic Acid for the prevention of cardiovascular disease (CVD)** The Trust lipidologists have been advised of this statement and support it. **XVIII. PCN 254-2017: Nicotinic Acid for the treatment of familial hypercholesterolemia** The Trust lipidologists have been advised of this statement and support it. **XIX. PCN 255-2017: Bile acid sequestrants for the prevention of cardiovascular disease (CVD)** The Trust lipidologists have been advised of this statement and support it. **XX. PCN 256-2017: Bile acid sequestrants for patients with Familial Hypercholesterolaemia** The Trust lipidologists have been advised of this statement and support it. **XXI. PCN 257-2017: Omega-3 fatty acids for the prevention of cardiovascular disease (CVD)** The Trust cardiologists have been advised of this statement and support it. **XXII. PCN 258-2017: Omega-3 fatty acids for the treatment of Familial Hypercholesterolaemia** The Trust lipidologists have been advised of this statement and support it. **XXIII. Prasugrel 5mg and 10mg film coated tablets – Information Sheet, Blue Traffic Light Classification** The Trust cardiologists have been advised of this information sheet and are aware that if prasugrel is initiated, one month's supply should be issued. **XXIV. Ranolazine (Ranexa®) – Shared Care Guideline, Amber Traffic Light Classification** The Trust cardiologists have been advised of this information sheet and are	

	aware that the dose should be maximally titrated prior to referral back to the GP. **XXV. Ticagrelor 60mg and 90mg tablets – Information Sheet, Blue Traffic Light Classification** The Trust cardiologists have been advised of this information sheet and support it.	
11.	**Any Other Business**	
	None	
12.	**Date of Next Meeting:** Wednesday 14 June, 12:30pm-2:00pm, Florence Room, 2nd Floor, Wells Wing (F Block), Epsom Hospital	