EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 11th October 2017
IN THE CAREW ROOM, ST HELIER HOSPITAL

Present:
Dr S Patel (Chair) **SP**
Dr V De Silva (Consultant Nephrologist) **VDS**
Dr A Mahmood (Consultant Gastroenterologist) **AM**
Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**
Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST**
Dr S Moodie (Consultant Gastroenterologist) **SMo**
Anne Lowson (Secretary) **AL**

In attendance:
Sumbo Adeyemo (Medicines Management Pharmacist) **SA**
David Babatunde (Medicines Management Pharmacist) **DB**
Kuljit Gata-Aura (Medicines Management Technician) **KGA**

No	Item	Responsible for Action
1.	**Apologies for Absence** Anne Davies (Chief Pharmacist) **AD** Dr A Pitsiaeli (GP, Surrey Downs CCG) **AP** Sharon Kitkatt (Consultant Nurse, Acute Pain Service) **SK** Dr R Shephard (Consultant Neonatologist) **RS** Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc** Dr J Bendig (Consultant Microbiologist) **JB** Ria John (Medicines Management Administration Coordinator) **RJ**	
2.	**Declarations of Interest** No additional declarations of interest for this meeting from members, including SMo presenting Ferric Maltol.	
3.	**Minutes of the Meeting held on 9 August 2017** The minutes of the meeting held on 9 August 2017 were agreed.	
4.	**Matters Arising** Nothing for this meeting.	
5.	**New Drug Requests**	
	a) Ferric Maltol (Ferracru®) Dr Moodie presented the case for ferric maltol, which is a new iron complex consisting of a single ferric iron ion (Fe^{3+}) chelated with high affinity to three maltol molecules. Maltol binds with high affinity to the iron until it is released directly into the area of the gastrointestinal (GI) system where it is best absorbed. This allows higher bioavailability and tolerability when compared to ferrous iron salt complexes as there is reduced free iron in the GI tract. Patients with inflammatory bowel disease (IBD) have a poorly functioning gut and nutritional deficiencies like Iron Deficiency Anaemia (IDA) due to malabsorption. Guidelines recommend that IDA in patients with IBD is corrected to restore Hb concentrations and replenish iron stores. IDA is often under diagnosed and can be under treated and this affects a patients' quality of life. Oral iron is tried first, eg ferrous sulphate, gluconate or fumarate, but these are not always well tolerated and absorption can be limited. IV iron is better tolerated and more effective than oral iron, but IV iron is not without risk and adverse effects. Dr Moodie advised that iron would be used in these	

	patients if the Hb was <9.5g/dL. The evidence for Ferracru® has come from two randomised double-blind placebo controlled trials (AEGIS-1 and AEGIS-2) in patients with mild to moderate IDA associated with stable IBD. A statistical improvement in Hb was seen after 12 weeks. The most common side effects were mild to moderate GI effects with arthralgia being the only non-GI adverse effect more common in the Ferracru® group. Data also suggests that Ferracru® may be well tolerated in patients with previous intolerance of oral ferrous salts. It was noted that it is only licensed for use in adults with IDA in patients with IBD and contraindicated in patients with Hb <9.5g/dL or patients with IBD flare. There was discussion around how many oral iron salt preparations should be trialled before using Ferracru® and it was felt that, although oral iron should be trialled, there was a balance to be had between using too many, the logistics of trialling preparations and not being able to review in a timely way, and losing patient confidence. It was also felt that GPs should not be asked to continue treatment currently as the course is usually only 2-3 months and the financial benefit of not using IV iron will reduce hospital costs. **Decision** To agree to add Ferracru® to the formulary for use by consultant gastroenterologists in IBD patients with IDA only. IV iron will remain first line in patients with severe iron deficiency or where there is a clinical need for rapid replacement (see ECCO guidelines). Ferracru® can be initiated after intolerance of at least one oral iron preparation as an alternative to IV iron in line with the license. Complete course to be supplied by secondary care.	**AL**
6.	**Six Month New Drug Reviews** Nothing for this meeting.	
7.	**NICE/MHRA Guidance**	
	MHRA Guidance **I. August 2017** The drug safety update for August included advice on reports of ventricular tachyarrhythmia and risk of hepatitis B reactivation and of opportunistic infections with ibrutinib, and this has been circulated to the haematologists. Corticosteroids have a rare risk of central serous chorioretinopathy with local as well as systemic administration and this update has been circulated widely. Following advice from a European review, the MHRA are now recommending that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times. This information has been circulated to immunology, paediatrics and A&E clinicians. **II. September 2017** The drug safety update for September included updated advice on minimising risk of bleeding events with miconazole oral gel in patients taking warfarin. This has been circulated to the haematologists and the Pharmacy staff. There have been reports of serious cardiac adverse reactions with high doses of loperamide associated with abuse or misuse. Naloxone can be used as an antidote. Pharmacists have been reminded that patients should not take more than the recommended dose on the label.	
	Updates	
	Nothing for this meeting	
	Technology Appraisals for Discussion	
	a) Cabozantinib for previously treated advanced cell carcinoma – TA463	

	Cabozantinib will be added to the Trust formulary in line with this TA for patients admitted on therapy. The Trust does not initiate treatment in renal cell carcinoma.	**AL/KGA**
	b) Bisphosphonates for treating osteoporosis – TA464 This TA for treating osteoporosis includes drugs already on the Trust formulary, ie oral and IV bisphosphonates, and is for use in line with the NICE guidelines on managing osteoporosis. NICE now advise that an oral bisphosphonate taken by mouth is an option if the risk of having a fracture in the next 10 years is 1% or greater. IV bisphosphonate is an option if the risk of having a fracture in the next 10 years is 10% or greater.	
	c) Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma – TA465 Olaratumab will be added to the Trust formulary for use in combination with doxorubicin if patients are admitted on therapy. The Trust does not initiate treatment in advanced soft tissue sarcoma.	**AL/KGA**
	d) Baricitinib for moderate to severe rheumatoid arthritis – TA466 Baricitinib will be added to the Trust formulary for treatment of moderate to severe rheumatoid arthritis in line with this TA. The rheumatologists are interested in using this drug and SWL are holding a rheumatology meeting to determine the position in treatment and Surrey CCGs are in consultation with rheumatologists across Surrey.	**AL/KGA**
	e) Holoclar for treating limbal stem cell deficiency after eye burns – TA467 The ophthalmologists have advised this patient cohort are rarely seen at Epsom and St Helier and would usually be referred to a tertiary centre. Holoclar will be added to the Trust formulary for use if needed.	**AL/KGA**
	f) Eluxadoline for treating irritable bowel syndrome with diarrhoea – TA471 Eluxadoline will be added to the Trust formulary for treating irritable bowel syndrome with diarrhoea. The Trust gastroenterologists are interested in using this.	**AL/KGA**
	g) Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab – TA472 Obinutuzumab will be added to the Trust formulary for use with bendamustine for treating follicular lymphoma refractory to rituximab. Funding will be via the Cancer Drug Fund / NHSE and available from 26 July 2017.	**AL/KGA**
	h) Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck – TA473 Cetuximab will be added to the Trust formulary for patients admitted on therapy. The Trust does not initiate treatment for squamous cell cancer of the head and neck. Funding will be via the Cancer Drug Fund / NHSE and is available from 8 August 2017.	**AL/KGA**
	i) Sorafenib for treating advanced hepatocellular carcinoma – TA474 Sorafenib will be added to the Trust formulary for patients admitted on therapy. The Trust does not initiate treatment for hepatocellular carcinoma.	**AL/KGA**
	j) Dimethyl fumarate for treating moderate to severe plaque psoriasis – TA475 Dimethyl fumarate will be added to the formulary for severe plaque psoriasis and the dermatologists are interested in using it in line with this TA. Funding will be via NHSE.	**AL/KGA**

	k) Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer – TA476 Paclitaxel as albumin-bound nanoparticles with gemcitabine will be added to the formulary for use in patients admitted on therapy. The Trust does not initiate treatments for metastatic pancreatic cancer.	**AL/KGA**
	Technology Appraisals Terminated	
	l) Methylnaltrexone bromide for treating opioid-induced constipation – TA468 This TA has been terminated as the manufacturer has not provided an evidence submission. **m) Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia – TA469** This TA has been terminated as the manufacturer has not provided an evidence submission. **n) Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia – TA470** This TA has been terminated as the manufacturer has not provided an evidence submission.	
	Technology Appraisals for Information	
	o) Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab – TA357 This TA has been revised to remove reference to a patient access scheme, and replaces this with details of a commercial access agreement. **p) Pembrolizumab for advanced melanoma not previously treated with ipilimumab – TA366** This TA has been revised to remove reference to a patient access scheme, and replaces this with details of a commercial access agreement. **q) Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy – TA428** This TA has been revised to remove reference to a patient access scheme, and replaces this with details of a commercial access agreement. **r) Cetuximab and panitumumab for previously untreated metastatic colorectal cancer – TA439** This TA has been revised to remove reference to a patient access scheme, and replaces this with details of a commercial access agreement.	
	Technology Appraisals Not Recommended	
	Nothing for this meeting.	
	Clinical Guidelines Updated for Information	
	s) Sepsis: recognition, diagnosis and early management – NG51 This guideline on sepsis recognition has been revised in terms of appropriate oxygen saturations, inclusion of tympanic membrane temperature as a moderate risk factor, and amendment of pallor of skin, lips or tongue to an intermediate to high risk factor. **t) Nutrition and support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition – CG32** This guideline has been revised to include issues around consent and withholding / withdrawing nutrition support. The position of all nasogastric tubes should be confirmed after placement and before each use by aspiration and pH graded paper (with x-ray if necessary). This guideline is in line with NPSA safety alerts (2011, 2013, 2016). The supply of pH paper is to be transferred from Pharmacy to Central Stores	**Sonia Moore**

	and a paper with more accurate pH measurement used. This will be communicated to all staff at the appropriate time. **u) Urinary tract infection in under 16s: diagnosis and management – CG54** This guideline has been revised and updated recommendations made with regards to urine testing strategies. **v) Psoriasis: assessment and management – CG153** This guideline has been revised to link to other NICE guidance eg TAs, as well as some relevant non-NICE guidelines, eg MHRA Safety Alerts. **w) Fertility problems: assessment and treatment – CG156** Section 1.7 has been removed as it has been superseded by the NICE guidelines on endometriosis. **x) Fever in under 5s: assessment and initial management – CG160** Cross-references have been made to NICE guidelines on sepsis. Antipyretic therapy alone should not be used to differentiate between serious and non-serious infection. A statement to recognise that children younger than 3 months with a temperature of 38^{o}C or higher are in a high risk group for serious illness has also been added.	
	Clinical Guidelines for Discussion	
	y) Endometriosis: diagnosis and management – NG73 This guideline includes recommendations for the use of analgesics, neuropathic pain treatments and hormonal treatments, and the Trust has suitable products available on the Trust formulary. **z) Antenatal and postnatal mental health: clinical management and service guidance – CG192** Links have been added to the guidance with respect to the MHRA toolkit on the risks of valproate medicines in female patients.	
	Clinical Guidelines for Information	
	Nothing for this meeting.	
	Quality Standard Updated	
	aa) Chronic kidney disease in adults – QS5 Statements have been reviewed with regards to the testing frequency of eGFR: creatinine and albumin: creatinine ratio testing, and BP monitoring. Adult patients with chronic kidney disease should now also be offered atorvastatin 20mg OD due to the higher risk of cardiovascular disease in this patient cohort. Renal clinicians are aware of this revision. **bb) Urinary tract infection in children and young people – QS36** This guideline has been revised in line with the NICE guidelines on urinary tract infections in under 16s.	
	Quality Standard for Discussion (medicine related issues only)	
	cc) Low back pain and sciatica in over 16s – QS155 The statement around spinal injections has been shared with the pain team.	
	Quality Standard for Information	
	dd) Sepsis – QS161 This statement around sepsis and clinical monitoring will be highlighted to the antibiotic steering group.	
	Highly Specialised Technologies Guidance	
	ee) Asfotase for treating paediatric-onset hypophosphatasia – HST6 For information.	

	Highly Specialised Technologies for Discussion	
	ff) Commissioning of Palivizumab (to reduce the risk of RSV in high risk infants) for the 2017 vaccination season NHSE have provided information on patients eligible for treatment with palivizumab for the 2017 vaccination season. These will be amended on the Blueteq forms which need completion prior to treatment initiation. **gg) Provider letter for biosimilar rituximab** NHSE have given a position statement on the CMU framework for rituximab. Trusts are required to liaise with their commissioning hub and confirm they are using the best value biosimilar product.	**AD**
	Health Technology Assessment	
	Nothing for this meeting.	
	For Discussion	
	Nothing for this meeting.	
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 The infection control team are in the process of organising a trial of this dressing on ITU/HDU. Update once trial completed. Remove from agenda.	
	b) Review of Trust Vitamin D Guidance Dr Patel will meet with Dr Singh with regards to Vitamin D in fractured neck of femur patients. The guidance will be available for the next meeting.	**SP**
	c) Regional Medicines Optimisation Area Committees No update for this meeting.	
	d) Patient information leaflet – Supplies of medication No update for this meeting.	
	e) Feedback from CCGs – IFRs for biologics Meeting to be arranged to discuss the IFR process to improve understanding from both primary and secondary care.	**ST/LC**
10.	**Feedback from CCGs and Trust Committees**	
	a) Respiratory Working Group **I. Management of Adult Asthma** This guidance has been updated and it aims to support responsible respiratory prescribing. The Trust respiratory clinicians support this and it will be presented for approval at the next Sutton and Merton MMC. **II. Asthma Poster** The inhaler devices poster for managing asthma in adults allows an appropriate inhaler to be selected for a particular patient but, all things being equal, the product with the lowest acquisition cost should be used. The Trust will also find this useful. Laminated versions will be made once it has been signed off by Sutton and Merton MMC. The work plan of the respiratory working group has now been completed.	
	b) DOACs **I. Anticoagulation Protocol** These guidelines have been updated and now include a reference to the direct oral anticoagulants for the management of AF, cardioversion and VTE. Appendix A details the pathway for the management of confirmed DVT/PE. The checklist and DOAC initiation/transfer of care documents are now available electronically and will be promoted in the Trust via a Medicines Matters Bulletin. It was noted that dalteparin will now be used for treatment of VTE in patients with a CrCl of 20-30mls/min at 75% of the therapeutic dose of dalteparin with anti-Xa level monitoring. Dalteparin can also be used for VTE prophylaxis in medical and surgical	

	patients in patients with a CrCl >20mls/min. Two small issues require clarity in the HIT guidance: clarity around HIPA negative patients and whether there should be a statement around other causes, and; the renal dosing of fondaparinux. Dr Makanjoula and Dr Appiah-Cubi will discuss this. Subject to these two small amendments, the guidance was agreed.	
	c) SWL Sutton & Merton CCGs **I. Minutes July 2017** Minutes for information. Further position statements will be presented to the Trust for comment and engagement.	**ST/AD/AL**
	d) SWL Medicines Optimisation Group Nothing for this meeting.	
	e) SWL Cardiovascular Group for Discussion **I. Management of Heart Failure Guidelines** The Trust cardiologists support this guidance and it will be added to the Trust intranet.	**RJ**
	f) Surrey Prescribing Clinical Network **I. Minutes August 2017** For information. **II. Minutes September 2017** For information. **III. Surrey Policy Statements** **a) Oral anticoagulants (warfarin, dabigatran, rivaroxaban, apixaban and edoxaban) for stroke prevention in atrial fibrillation (update)** Surrey's policy statement on oral anticoagulants for stroke prevention in atrial fibrillation has been finalised. Edoxaban has been selected as the preferred DOAC, after careful consideration of the available evidence and the cost to the health economy. The Epsom cardiologists would like to discuss with CCG representatives the impact and implementation of this on patients, and a meeting will be arranged. **b) Ustekinumab for moderately to severely active Crohn's Disease after previous treatment (NICE TA456)** The Trust supports this policy statement for use of ustekinumab in moderately to severely active Crohn's Disease in line with NICE TA456. **c) Fast acting insulin aspart (Fiasp®) for the treatment of diabetes mellitus in adult patients** The Trust does not currently have fast acting insulin aspart (Fiasp®) on the formulary for treatment of diabetes, but a request has been received from the diabetologists. The request will be discussed at a future meeting. **d) Celecoxib for treatment of adult patients with Ankylosing Spondylitis (AS)** The Trust supports this policy statement and has celecoxib on formulary for use in ankylosing spondylitis. Etoricoxib will be an alternative COX-2 inhibitor for patients not experiencing significant improvement on celecoxib. The Trust does not have etoricoxib on formulary, but could manage supply via the one-off drug request process if required. **e) Etoricoxib for the treatment of adult patients with Ankylosing Spondylitis (AS)** The Trust supports this policy statement and has celecoxib on formulary for use in ankylosing spondylitis. Etoricoxib will be an alternative COX-2 inhibitor for patients not experiencing significant improvement on celecoxib. The Trust does not have etoricoxib on formulary, but could manage supply via the one-off drug request	

	process if required. **f) Calcipotriol and betamethasone combination topical products for adult patients with psoriasis** The Trust supports this policy statement for calcipotriol and betamethasone combination products for adults with psoriasis. The Trust currently have Enstillar® foam and Dovobet® ointment and gel on formulary. **g) Memantine in combination with an Acetylcholinesterase inhibitor for the management of Behavioural and Psychological Symptoms of Dementia (BPSD) in primary care** This policy statement recommends the combination of memantine with acetylcholinesterase inhibitors in BPSD as separate products. It will only be initiated by specialists within Surrey and Borders Partnership, but the Trust may see patients admitted on this combination. **IV. Anticoagulant selection tool for patients with Atrial Fibrillation** This reflects Surrey's policy statement on oral anticoagulants for AF (see 10f IIIa) and will be discussed with the cardiologists at the meeting. **V. Crohn's disease biologic treatment flow diagram for adults (over 18 years)** The Trust gastroenterologists support the treatment flow diagram for management of severe active Crohn's disease having been involved with its development.	
	g) Shared Care Prescribing Guidelines Nothing for this meeting.	
11.	**Any Other Business**	
	I. Time, dates and venues for next year's meetings For information. **II. Switching DOACs – duration of supply** Not discussed at this meeting. **III.** The committee formally thanked Dr Sanjeev Patel for his contribution to committee and wished him well for the future.	
12.	**Date of Next Meeting:**	
	Wednesday 6th December, 12:30-2:00pm, Boardroom, Ground Floor, Rowan House, Epsom Hospital	