EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 11th April 2018
IN THE NIGHTINGALE ROOM, EPSOM HOSPITAL

Present:
Dr V De Silva (Chair) **VDS**
Dr S Moodie (Consultant Gastroenterologist) **SM**
Anne Davies (Chief Pharmacist) **AD**
Sophie Bye (Senior Pharmacist, Sutton CCG) **SB**
Nicki Gandhi (Primary Care Pharmacist, Surrey Downs CCG) **NG**
Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc**
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**
Dr R Nithiyananthan (Consultant Endocrinologist) **RN**
Saba Sheikh (Pre-Registration Pharmacy Student) **SS**
Georgina Bellman (Pre-Registration Pharmacy Student) **GB**
Petra Teful (Dietician, Sutton CCG) **PT**

No	Item	Responsible for Action
1.	**Apologies for Absence** Dr R Shephard (Consultant Neonatologist) **RS** Dr L Mulleague (Consultant Anaesthetist) **LM** Dr J Wang (Consultant Medical and Renal) **JW** Sharon Kitkatt (Consultant Nurse, Acute Pain Service) **SK** Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST** Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**	
2.	**Declarations of Interest** Petra Teful advises that she had received funding grants from Aviva UK but independent to her job with the CCG. No other declarations for this meeting.	
3.	**Minutes of the Meeting held on 7th February 2018** The minutes of the meeting held on 7th February 2018 were agreed.	
4.	**Matters Arising** **Insulin degludec** ST advised prior to the meeting that GPs supported the decision made at the last meeting with regards to insulin degludec. Hospital-only status will be removed. **Citric Acid** The request for citric acid for cough reflux testing by the speech and language therapists was discussed at MMCBGM in March. The decision was to approach this as a study to add to the body of evidence. Support from the committee would be given if required.	
5.	**New Drug Requests**	
	a) Insulin Aspart (Fiasp®) Dr Nithiyananthan presented the case for insulin aspart (Fiasp®) for treatment of diabetes mellitus in adults. It is a new formulation of insulin aspart with the addition of nicotinamide which results in faster initial absorption with a more rapid onset of action than Novorapid® (5 minutes compared with 10 minutes). Studies have shown	

	Fiasp® to be non-inferior to Novorapid® when taken 0-2 minutes before the start of meals. The Onset 1 and 2 studies assessed several secondary end points. Fiasp® was superior to Novorapid® in controlling post-prandial glucose in the Onset 1 trial (type 1 diabetics) but there was no significant difference in the Onset 2 trial (type 2 diabetics). The minimum clinically important difference in post-prandial glucose is not well defined in type 1 diabetics so it may be difficult to translate this into a reduced risk in diabetic complications, however Dr Nithiyananthan did clarify post-prandial hyperglycaemia is a risk factor in diabetic complications. It was recognised that patients should have a choice in how injection regimens are managed and which best suit their needs and this is supported by NICE. Having insulin which acts more quickly may be of benefit for some. Fiasp® is supplied in a FlexTouch pen device and has the same acquisition cost as Novorapid® supplied in a Flexpen. Novorapid® is also supplied in the FlexTouch pen but at a slightly higher cost. The key trials found no difference in insulin requirements between Fiasp® and Novorapid® and therefore there would be little or no cost impact from switching these products. The FlexTouch pen is preferred by patients and healthcare professionals. Currently there is only safety data for 26 weeks although data from the 26 week extension of the Onset 1 study are expected. Fiasp® therefore has a black triangle currently. There are several insulin aspart biosimilars in development but none have so far progressed past phase 1 trials. It was also noted that there will be a change in colour of Fiasp® products to red and yellow to avoid mix ups with Tresiba®. **Decision** To add insulin aspart (Fiasp®) to the Trust formulary for initiation by the diabetology team only in diabetic patients who need better post-prandial glucose control as a 2nd line insulin after Novorapid®. 3 months supply should be given by secondary care before transfer to primary care.	**SA / KGA**
6.	**Six Month New Drug Reviews** Nothing for this meeting.	
7.	**NICE/MHRA Guidance**	
	MHRA Guidance **II. February 2018** The obstetricians have made a request to add the misoprostol vaginal delivery system to the formulary and they have been sent this drug safety update to consider in their application. The renal unit have circulated the updated contraception advice for male patients taking mycophenolate. It will be circulated to other specialists for information. The Trust does not have the gadolinium continuing contrast agents on the formulary. **III. March 2018** Daclizumab has had its marketing authorisation suspended and there is a recall in the EU following reports of serious inflammatory brain disorders. It was licensed for the treatment of adults with relapsing forms of multiple sclerosis and the Trust has no patients on treatment. Temporary safety measures are in place while an EU review investigates the link between cases of serious liver injury and Esmya® (ulipristal acetate) for treatment of uterine fibroids. As a division, the obstetricians and gynaecologists have taken the decision to no longer prescribe Esmya® and have asked all patients to stop taking it. They request it be removed from the formulary. Pharmacists will be reminded of the need to tell people about the risk of being close to a source of ignition when patients are using head lice eradication treatments as they contain flammable liquid.	**KGA** **KGA**

	Technology Appraisals for Discussion	
	a) Pirfenidone for treating idiopathic pulmonary fibrosis – TA504 To add pirfenidone to the formulary for treating idiopathic pulmonary fibrosis in patients with the defined criteria. Respiratory consultants to be advised.	**KGA**
	b) Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma – TA505 To add Ixazomib to the formulary for use with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma in line with this TA.	**KGA**
	c) Sofosbuvir–velpatasuir–voxilaprevir for treating chronic hepatitis C – TA507 Sofosbuvir–velpatasuir and voxilaprevir will be added to the Trust formulary for use in treating chronic hepatitis C and will be initiated by the delivery networks in-line with NHS England guidance.	**KGA**
	d) Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee – TA508 The Trust does not initiate treatment.	**KGA**
	e) Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer – TA509 Pertuzumab trastuzumab with docetaxel will be added to the formulary for use in-line with this TA. The Trust will not initiate treatment.	**KGA**
	f) Daratumumab monotherapy for treating relapsed and refractory multiple myeloma – TA510 Daratumumab will be added to the formulary for use in relapsed and refractory multiple myeloma. Funding will be via the Cancer Drugs Fund.	**KGA**
	g) Brodalumab for treating moderate to severe plaque psoriasis – TA511 Brodalumab will be added to the formulary for treating moderate to severe plaque psoriasis. Funding will be via BlueTeq application to the CCGs.	**KGA**
	h) Tivozanib for treating advanced renal cell carcinoma – TA512 Tivozanib will be added to the formulary for treating advanced renal cell carcinoma but the Trust will not initiate treatment.	**KGA**
	i) Obinutuzumab for untreated advanced follicular lymphoma – TA513 Obinutuzumab will be added to the formulary for untreated advanced follicular lymphoma. Funding via NHS England.	**KGA**
	j) Cabozantinib for treating medullary thyroid cancer – TA516 Cabozantinib will be added to the formulary for medullary thyroid cancer but treatment will not be initiated by the Trust.	**KGA**
	Technology Appraisals Terminated	
	None for this meeting.	
	Technology Appraisals for Information	
	None for this meeting.	
	Technology Appraisals Not Recommended	
	k) Lesinurad for treating chronic hyperuricaemia in people with gout – TA506 Lesinurad is not recommended for treating chronic hyperuricaemia in people with gout and this was noted.	
	l) Regorafenib for previously treated advanced hepatocellular carcinoma – TA514 Regorafenib is not recommended for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib and this was noted. Treatment would not be initiated by the Trust.	
	m) Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen – TA515	

	Eribulin is not recommended for treating locally advanced or metastatic breast cancer in adults who have had only 1 chemotherapy regimen. Treatment would not be initiated by the Trust.	
	Clinical Guidelines Updated for Information	
	a) Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism - NG89 This guidance will be circulated to the relevant clinicians including EOC clinicians and pharmacists, haematology and surgeons. It was noted that fondaparinux is a treatment option for VTE prophylaxis if LMWH is contraindicated. Update at next meeting. Review formulary statement in-line with the guidance.	**KGA / AL**
	Clinical Guidelines for Discussion	
	b) Pancreatic cancer in adults: diagnosis and management - NG85 The guidelines include recommendations on pain and nutritional management. The Trust has treatments available on formulary. **c) Attention deficit hyperactivity disorder: diagnosis and management (updated) – NG87** This has been shared with the clinicians who manage ADHD. They advise they are following the first line and second line drug options. They note that guanfacine is now a treatment option and will be applying for that to be added to the formulary. Clonidine should only be prescribed by the tertiary service and pharmacy will inform them if any existing patients are on treatment. **d) Heavy menstrual bleeding: assessment and management (updated)- NG88** This guidance has been updated and references to ulipristal acetate (Esmya®) removed because the EMA is reviewing the use of Esmya® for uterine fibroids and has introduced temporary safety measures.	**KGA / AL**
	Clinical Guidelines for Information	
	None for this meeting.	
	Quality Standard Updated	
	None for this meeting.	
	Quality Standard for Discussion (medicine related issues only)	
	e) Parkinson's Disease - QS164 Dr Hart has advised that the service complies with statements 1, 2, 3 and 5. Statement 4 relates to taking levodopa within 30 minutes of their individually prescribed administration time. This will be added to the MMCBGM for further discussion.	**KGA / AL**
	Quality Standard for Information	
	None for this meeting.	
	Highly Specialised Technologies Guidance	
	None for this meeting.	
	Highly Specialised Technologies for Discussion	
	f) Pertuzumab with trastuzumab and docetaxel for treating HER2-positive metastatic or locally recurrent unresectable breast cancer (for information) For information as the Trust is not a recognised centre for treatment. **g) Tivozanib for treating advanced renal cell carcinoma** For information as the Trust is not a recognised centre for treatment. **h) Obinutuzumab for untreated advanced follicular lymphoma** Obinutuzumab for untreated advanced follicular lymphoma will be available via the Cancer Drug Fund from 09/02/18. Patients must be registered via BlueTeq and meet the clinical criteria. **i) Cabozantinib for treating medullary thyroid cancer** For information as the Trust is not a recognised centre for treatment. **j) Lenvatinib and Sorafenib for treating differentiated thyroid cancer after radioactive iodine** For information as the Trust is not a recognised centre for treatment.	
	Health Technology Assessment	

	For Discussion	
	None for this meeting.	

8.	**Revised national guidance on 'Responsibilities for Prescribing between Primary and Secondary/Tertiary Care'**	
	The Trust already has Interface Prescribing Policies between Epsom and St Helier and SWL and Surrey CCGs. They are compliant with the new guidance with the exception of requiring additional clarity for shared care prescribing. Key changes include greater patient involvement, GP access to timely advice from the Trust clinicians, and commissioners should take account of operational and resource implications of shared care. The Interface Prescribing Policies will be reviewed and the final version brought to a future meeting. A letter has been received from the local Medical Committee for Surrey and Sussex stating that GPs will not be accepting any new shared care agreements until appropriate funding arrangements is in place for ongoing monitoring of patients. This will be discussed internally at the Chief Executive's team meeting and with the commissioners.	**AD**
9.	**Patient Safety Alerts**	
	a) Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders Action plan to be devised, which will be discussed at the next MMCBGM.	**AD**
10.	**Operational Issues**	
	a) Cow's Milk Protein Allergy The proposal is to align the Trust formulary for cow's milk allergy products (extensively hydrolysed and amino acid formulas) with Sutton and Merton CCG formulary. There has been discussion with the Trust paediatricians who raised concerns about the tolerability of Similac Alimentum® but Petra Teufl advised her audit has shown little difference in tolerability of Similac Alimentum® compared with Nutramigen®. The paediatricians generally support this change. With regards to the choice of amino acid formula, the paediatricians would still like access to the Neocate® brand as they have a larger amount of experience with this product when compared to the proposed switch product SMA Alfamino®. Petra Teufl advised that the coconut oil content of Neocate® may be an issue in some patients, however agreed that it could be a second line agent on the formulary if the paediatricians informed the GP of the reason for choice. It was noted that St Georges follow Sutton and Merton's formulary for these products and that Surrey CCGs are also reviewing their product choice. It was recognised that if this could be done quickly it would be useful. The proposal will be represented to the paediatricians and a final decision made at the next MMCBGM. ❖ Amino Acid Formula ➢ SMA Alfamino® - First Line ➢ Neocate® - Second Line ❖ Extensively Hydrolysed Formula ➢ Similac Alimentum (casein-based) – First Line ➢ SMA Althera (contains lactose) – Second Line and Nutramigen® will be removed from the formulary.	**KGA / AL**
	b) South of England Regional Medicines Optimisation Committee update February 2018 Notes of the meeting in Feb 2018 for information.	

	c) Ulipristal acetate (Esyma®) Ulipristal acetate (Esyma®) to be removed from the formulary. See 7-III.	
	d) Vitamin D for Fracture Neck and Femur post discharge No update for this meeting.	
	e) Patient information leaflet – Supplies of Medication A few small typographical changes to be made. Final version will be available for the next meeting.	**AD**
	f) Constipation in adults guidelines The constipation guidelines have been revised following comments. Lactulose has been added for use in perineal tears. To amend the typographical error in the statement of lactulose for hepatic encephalpathy. Bisacodyl was discussed as it is a cheaper option than senna as a stimulant laxative but pre-packs are not available. Agreed subject to clarification of the cost. A statement regarding self-treatment of laxatives in-line with NHS-E guidance will be added. To be discussed at MMCBGM.	**DB / KGA**
11.	**Feedback from CCGs and Trust Committees**	
	a) Respiratory Working Group **i. Asthma poster** The asthma poster informs the users of the type of inhaler and devices available, together with the strength of steroid and cost. It complies with the BTS guidelines. There are non-formulary products on this poster (e.g. easyhaler range) and pharmacy will review and produce a Trust version. Surrey also advised that it contained options they do not support. They have choices of inhaler within each therapeutic class but not necessarily a choice of delivery. **ii. COPD poster** The COPD poster again informs the users of the type of inhaler and device available. Again there are non-formulary products (e.g. indacterol). SA advised that SWL have just started a clinical reference group to standardise COPD documents and they would seek the views of the clinicians in local Trusts. It forms part of the STP work plan. Surrey advised that it is a different style of document to theirs which has preferred inhalers detailed.	**SA** **SA**
	i. DOACs (Surrey preferred options) The cardiologists at Epsom have supported the use of edoxaban as the preferred DOAC in AF for stroke prevention in-line with Surrey CCG statements where clinically appropriate, however discussions still need to be had with the stroke clinicians and the haematologists. **ii. Medicine Matters Bulletin DOAC's** Final version of the DOAC information bulletin. This will be circulated in the Trust next week.	**AL** **KGA**
	b) SWL Sutton & Merton CCGs **i. Minutes – January 2018** Minutes for information. **ii. – x. Documents for information** Documents for information. **xi. Implementation of FreeStyle Libre® prescribing guidance** Both Surrey and SWL have established eligibility criteria for type 1 diabetics to receive FreeStyle Libre®, including those already self-funding. This is based on the RMOC national position statement. The criteria and process including how long secondary care should supply before transfer to primary care is approved are slightly different. Patients require secondary care review and there are concerns about how this will be managed. It was agreed that the FreeStyle Libre® should be added to the formulary but a commissioning and implementation plan should be devised. There will also need to be training for wider clinical staff (e.g. doctors / nurses). Dr Nithiyananthan was requested to raise the issue with his colleagues and as a team with the divisional lead. Update at next meeting.	**AL / AD**

	c) Position Statements **i. Tadalafil** SWL CCGs do not support routine prescribing of daily tadalafil for treatment of erectile dysfunction or benign prostatic hyperplasia. This is in-line with the PrescQIPP DROP list (drugs to review for optimised prescribing). Urology lead has been informed of this. Statement will be added to the Trust formulary. **ii. Trimipramine** SWL CCGs do not support the prescribing of trimipramine for any indication in-line with NHS England's national guidance on medicines which should no longer be routinely prescribed. The Trust supports this statement.	**KGA** **KGA**
	c) SWL Medicines Optimisation Group Nothing for this meeting.	
	e) SWL Cardiovascular Group for Discussion **a) Midodrine for the treatment of Severe Orthostatic Hypotension due to Autonomic Dysfunction, Postural Orthostatic Tachycardia Syndrome (POTS) or Inappropriate Sinus Tachycardia (IST)** There are currently no approved medicines for the treatment of POTS or IST and therefore midodrine is being prescribed for an unlicensed indication. The cardiology lead supports this document and advises there are a few patients requiring treatment for these conditions. The committee agreed this guidance and reference will be made to it on the formulary. **b) Prescribing Ivabradine for the treatment of Postural Orthostatic Tachycardia Syndrome (POTS) or Inappropriate Sinus Tachycardia (IST)** At present there are no approved medicines for the treatment of POTS or IST and therefore ivabradine is being prescribed for an unlicensed indication. The cardiology lead supports this document and advises there are a few patients requiring treatment for these conditions. The committee agreed this guidance and reference will be made to it on the formulary.	**KGA** **KGA**
	f) Surrey Prescribing Clinical Network **i. Minutes February 2018** Minutes for information. **ii. Minutes March 2018** Minutes for information. **iii. Surrey Policy Statements** **a. Eluxadoline (Truberzi®) for treating irritable bowel syndrome with diarrhoea (TA471)** The Trust added eluxadoline to the formulary in October 2017 in-line with NICE TA471. However, since this the MHRA have issued a safety notice relating to the risk of pancreatitis and therefore Surrey PCN have given this drug a red status on the traffic light system (hospital only). SM to feedback on this position statement. **iv. – viii. Documents for information** The Trust diabetes team have been involved in the consultation process and support these documents. **ix. – x. Documents for information** The Trust gastroenterology team have been involved in the consultation process and support these documents. **xi. Freestyle Libre® Initiation and Prescribing Transfer Agreement (Adult Type 1 Diabetes Service)** See 11b (xi.). This form has been devised to support the initiation and prescribing transfer to the GP. It will not be used until the commissioning and implementation	**SM / AL**

	plans are agreed. **xii. Negative Pressure Wound Therapy (NPWT)** The PCN recommends that conventional NPWT will be considered hospital-only until guidelines have been developed for patients with dehisced surgical wounds, diabetic foot wounds and vascular graft wounds. The Trust tissue viability nurse will be informed. **xiii. Anticholinergics for the management of over active bladder (OAB)** The Trust supports the choice of anticholinergics for the management of over active bladder in men with the additional statement already on the Surrey PAD and Trust formulary regarding use of solifenacin 3rd line if patients are unable to receive mirabegron and botulinum toxin. **xiv. Lidocaine Plasters for all indication (except symptomatic relief of neuropathic pain associated with previous herpes zoster infection)** The Trust supports this statement now it reflects the usage by specialist pain or palliative care teams for neuropathic pain. Trial of efficacy from secondary care and clear communication with GPs before transfer of prescribing responsibility. **xv. Omega- 3 Fatty Acid Compounds** The Trust lipid specialists support this statement. It does not initiate for bipolar disorder or treatment of resistant psychosis. **xvi. Golimumab for the treating non-radiographic axial spondylarthritis** The Trust supports this statement and patients will be notified to the CCG via the BlueTeq system.	**KGA** **KGA**
	g) Shared Care Prescribing Guidelines **i. Roflumilast** The Trust acknowledges this information sheet and will inform the respiratory clinicians. **ii. Memantine in combination with an Acetylcholinesterase inhibitor** For information.	**KGA**
12.	**Any Other Business**	
	None for this meeting.	
13.	**Date of Next Meeting:**	
	Wednesday 13th June 2018, 12:30 – 14:00. Boardroom, St Helier Hospital.	