EPSOM AND ST Helier UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 13th February, 2019 12.30 – 2.00pm
In the Board Room, Ferguson House, St Helier Hospital

Present:
Dr V De Silva (Chair) **VDS**
Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**
Anne Davies (Chief Pharmacist) **AD**
Anne Lowson (Secretary) **AL**
Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc**
In attendance:
Kuljit Gata-Aura (Medicines Management Technician) **KGA**
Helen Lovesley (Anticoagulant Nurse Specialist) **HL**
Dr K Mrozek (Consultant Anaethetist) **KM**
Ms A Motsou (Corneal Fellow) **AM**
Johnson Lei (Principal Pharmacist SWLEOC) **JL**
Emily Scott (Pre- registration Pharmacist) **SC**
Daniya Mahmood (Pre-registration Pharmacist) **DM**

No	Item	Responsible for Action
1.	**Apologies for Absence** Dr J Wang (Consultant Medical and Renal) **JW** Dr Ruth Shephard (Consultant Neonatologist)**RS** Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST** Dr J Bendig (Consultant Microbiologist) **JB** Dr N Johri (Consultant Chemical Pathologist) **NJ** Dr A Pitsiaeli (GP, Surrey Downs CCG) **AP** Sarah Langfield (Head of Nursing SWLEOC) **SL** It was noted that this meeting was not quorate. The minutes will be circulated for comment and agreement post meeting.	
2.	**Declarations of Interest** Nil for this meeting from the committee or Dr K Mrozek and Ms Matsou.	
3.	**Minutes of the Meeting held on 12th December 2018** The minutes of the meeting held on 12th December 2018 were agreed.	
4.	**Matters Arising** **Venous Thromboembolism Prophylaxis Guidelines** A revised version of the SWLEOC VTE prophylaxis guidelines has been produced following publication of the NICE guidelines for reducing the risk of hospital acquired DVT or PE. Meeting has been arranged to discuss these with the Consultant Haematologist for anticoagulation. The proposed plan will be to make this document an appendix of the current Epsom and St Helier policy for prevention of VTE in adult patients admitted to hospital.	**VDS/ Johnson Lei AL/AD**
5.	**New Drug Requests**	
	a) Ketotifen- (Ketofall®) Eye Drops- Symptomatic treatment of seasonal allergic conjunctivitis An apology was made by the pharmacy team that the cost of treatment for 28 days detailed in the document for the ketotifen eye drops (30x0.4ml unit dose) should have been £13.90 rather than £6.95 as two containers will be needed for 28 days treatment. Miss McElvanney was unable to attend the meeting and Ms Matsou	**AL/KGA**

	presented the case. Ketofall® contains ketotifen which has dual topical antihistamine and mast cell stabilising action. It comes in two formulations a 5ml bottle containing preservative and a preservative free unit dose. The request is for the preservative free preparation. It is licensed for the symptomatic treatment of seasonal allergic conjunctivitis (SAC). One small study has compared preservative-free ketotifen with olopatadine and there was no relevant difference between treatment groups in other efficacy parameters, except a trend for more rapid resolution of conjunctival hyperaemia in the ketotifen group. There was slightly better ocular tolerance with the unpreserved ketotifen drops. Ms Matsou explained that patients referred to the hospital for management could have ocular surface disease secondary to preservative toxicity and once diagnosed preservative free options would be necessary. GPs are advised of the diagnosis in the clinic letter and the patient is also given a copy of this letter. The Trust currently has a dual action topical antihistamine plus mast cell inhibitor on formulary, olopatadine, but the drops contain preservative. It also has a topical mast cell stabiliser alone, sodium cromoglicate eye drops either preservative free or containing preservative. The committee noted that Moorfields did not have ketotifen eye drops on the formulary, however post meeting it was established a request had been submitted this week. NICE CKS for conjunctivitis (acute allergy) advises treatment with either a topical antihistamine or dual action mast cell stabiliser and topical antihistamine if non pharmacological measures do not provide relief. There is insufficient evidence to recommend one over the other. There is no guidance for SAC. It was noted that the cost for Ketofall® was more than olopatadine, but duration of treatment likely to be 3-4 months per year and its lack of preservative in certain patients would be important. **Decision** To agree the addition of ketofien preservative free eye drops 0.25mg/ml to the formulary for treatment of seasonal allergic conjunctivitis in patients with ocular surface disease related to preservatives. GP to be informed of the reason for using preservative free preparation. **b) Tapentadol-Pain relief for SWLEOC Adult Patients** Tapentadol immediate release (i/r) is being requested by SWELOC anaesthetists for the management of post-operative pain in orthopaedic surgery. Patient numbers are high approx 3000 patients per year, but the duration of use is expected to be short i.e during hospital and a small supply of approx. 5 days on discharge. Tapendatol is a strong analgesic with mu-agonistic opioid and additional noradrenaline re uptake inhibition properties. There is limited evidence to support tapentadol use in orthopaedic surgery specifically in hip and knee surgery. It is however effective in general pain management. Small studies have been carried out in patients undergoing orthopaedic surgeries such as bunionectomy. When compared with oxycodone tapentadol low dose was associated with lower rates of nausea, dizziness, vomiting and constipation whilst providing similar analgesic efficacy. A small study in knee replacement compared tapentadol 100mg four times a day with morphine S/R and gabapentin and tapentadol patients were able to be discharged slightly earlier (72% v's 57%) after 4 days. It was noted that early mobilisation and reduced length of hospital stay with a better tolerated opioid was a benefit for this patient cohort. Yeovil Hospital have tapentadol i/r on formulary for hip and knee replacement and have done an internal audit over 3 years which has advised better outcomes compared with classical opioids e.g morphine and oxycodone. There is efficacy from pre-clinical models of nociceptive neuropathic visceral and inflammatory pain,	

	therefore enhanced pain relief from mixed pain state in orthopaedic surgery. A number of practical issues were discussed e.g nurse administering controlled drugs on the ward 4-6 hourly and discharge medication cannot be pre packed which may increase discharge times. It was also noted to be more expensive compared to oxycodone, morphine and tramadol. It is expected that patient through-put will be quicker, so increased costs will be offset. Tapentadol may increase seizure risk in patients taking other medicines that lower seizure threshold and serotonin syndrome has been reported when tapentadol is used in combination with serotoninergic antidepressants, and education of staff will be needed. If agreed an audit on the use of i/r tapentadol will be carried out. **Decision** To agree to the addition of tapentadol i/r to the formulary for use in SWELOC only for acute post-operative pain management subject to the usual procedures around controlled drugs. It would be used 2nd-3rd line after simple analgesic/weak opioids. It is noted that tapentadol has recently been the subject of an MHRA alert around the risks of reduced seizure threshold and seratonin syndrome when co-prescribed with certain classes of antidepressants. Prescribers will be expected to take particular care in these circumstances. Full supply must be given on discharge if needed. GPs will not be expected to supply. Audit to be carried out and discussed at a future Medicines Management meeting.	
6.	**Six Month New Drug Reviews**	
	No reviews for this meeting.	
7.	**NICE/MHRA Guidance**	
	MHRA Guidance **I. December 2018** The legal status of oral lidocaine containing products indicated for infant teething has changed from general sales to pharmacy only. They will only be sold in pharmacies where advice can be given by the pharmacist and non-medicinal treatments e.g teething ring or massaging the gum have failed to provide relief. Information sent to paediatricians and pharmacy staff. A further reminder on the valproate pregnancy prevention requirements is included. Work is ongoing in the Trust. There is new information about risk of severe and fatal burns with paraffin containing and paraffin- free emollients. Previously the NPSA provided guidance on emollients containing more than 50% paraffins. Patient education is needed when prescribing, recommending, dispensing, selling or applying emollients to patients. This will be discussed further at MMCBG. Glucose levels should be monitored in diabetic patients during direct-acting anti-viral therapy for hepatitis C, particularly within the first 3 months of treatment. Gastroenterologists have been informed. Hydrocortisone muco-adhesive buccal tablets should not be used off-label for adrenal insufficiency in children due to risk of insufficient cortisol absorption and life-threating adrenal crisis. Paediatricians have been informed. **II. January 2019** Tapentadol may increase seizure risk in patients taking other medicines that lower seizure threshold e.g antidepressants and antipsychotics. Serotonin syndrome has also been reported when tapentadol is used in combination with SSRI's. To check that this is a recognised interaction on ePMA to provide an alert to the prescriber.	**KGA/AL** **KGA/AL** **KGA/AL** **KGA/AL** **KGA/AL** **KGA/AL**

	There have been reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation with ipilmumab. Haematologists have been informed. Discontinuation of Zovirax (acyclovir) eye ointment. The manufacturer will discontinue this product and stock will not be available after June 2019. The licensed alternative will be ganciclovir eye ointment which is currently second line on the formulary. Microbiology and ophthalmology have been informed and the formulary will be revised.	**KGA/AL**
	Updates	
	None for this meeting	
	Technology Appraisals for Discussion	
	a) Vandetanib for treating medullary thyroid cancer- TA550 The Trust does not initiate treatment for medullary thyroid cancer, but vandetanib will be added to the formulary for patients already on treatment.	**KGA/AL**
	b) Lenvatinib for untreated advanced hepatocellular carcinoma- TA551 The Trust does not initiate treatment for untreated advanced hepatocellular cellular carcinoma, but lenvatimib will be added to the formulary for patients already on treatment.	**KGA/AL**
	c) Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia- TA552 Liposomal cytarabine- daunorubicin will be added to the formulary as an option for untreated therapy- related acute myeloid leukaemia or acute myeloid leukaemia with myelodysplasia related changes in adults.	**KGA/AL**
	d) Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence- TA553 The Trust does not initiate treatment for resected melanoma, but pembrolizumab will be added to the formulary for patients already on treatment.	**KGA/AL**
	e) Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years- TA554 Appropriate patients for tisagenlecleucel will be referred to Royal Marsden Hospital or UCL for initiation of therapy. It will be added to the formulary for use in this patient cohort.	**KGA/AL**
	f) Regorafenib for previously treated advanced hepatocellular carcinoma- TA555 The Trust does not initiate treatment for advanced hepatocellular carcinoma, but regorafenib will be added to the formulary for patients already on treatment.	**KGA/AL**
	g) Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer- TA557 The Trust does not initiate treatment for metastatic non squamous non-small cell lung cancer, but pembrolizumab with pemetrexed and platinum chemotherapy will be added to the formulary for patients already on treatment.	**KGA/AL**
	h) Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease- TA558 The Trust does not initiate treatment for melanoma, but nivolumab will be added to the formulary for patients already on treatment for this condition.	**KGA/AL**

	i) Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies- TA559 Confirmation awaited from haematology regarding initiation in Trust patients. Axicabtagene will be added to the formulary as a treatment option if needed.	
	Technology Appraisals Terminated	
	j) None for this meeting.	
	Technology Appraisals for Information	
	k) None for this meeting.	**AL/KGA**
	Technology Appraisals Not Recommended	
	l) Darvadstrocel for treating complex perianal fistulas in Crohn's disease- TA556 Darvadstrocel is not recommended for treatment of complex perianal fistulas in Crohns disease.	
	Clinical Guidelines for Discussion	
	m) Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing- NG117 This guidance makes recommendations regarding antibiotics in acute exacerbations and will therefore be added to the next Antibiotic Steering Group meeting for discussion. **n) Renal and ureteric stones: assessment and management- NG118** This guideline will be discussed with Mr Horsburgh. Clarity needed on the routine use of diclofenac in this patient cohort. Potassium citrate and thiazide diuretics are on the formulary and treatment options/formulary statement updates will be discussed. **o) Cough (acute): antimicrobial prescribing- NG120** This guideline makes recommendations on when antibiotics may be appropriate to use in an acute cough and will be discussed at the next Antibiotic Steering Group meeting.	**Donna Francis** **AL/KGA** **Donna Francis**
	Clinical Guidelines Updated	
	p) None for this meeting.	
	Clinical Guidelines for Information	
	q) Cerebral palsy in adults- NG119 For information no drug recommendations. **r) Antenatal care for uncomplicated pregnancies (updated) - CG62** For information no drug recommendations.	
	Quality Standard Updated	
	s) None for this meeting.	
	Quality Standard for Discussion (medicine related issues only)	
	t) None for this meeting.	
	Quality Standard for Information	
	u) None for this meeting.	
	Medical Technologies Guidance for Discussion	
	v) UrgoStart for treating diabetic foot ulcers and leg ulcers- MTG42 Urgostart has been supported by NICE for treating diabetic foot ulcers and venous leg ulcers in the NHS. Following discussion with the Trust the tissue viability nurse felt that both primary and secondary care, podiatrists, district nurses and tissue viability nurses would be involved in the care of the patient. All patients with high risk feet are Tier 4 and would remain under podiatry care. Issues that need consideration include • SWL Formulary wound dressing group have not currently listed it on the	

	formulary • Community providers will come under ESTH governance in April and it is not yet clear whether there will be one formulary • Transfer of care to primary care will need a process documenting how this will be carried out.	
	Highly Specialised Technologies Guidance	
	w) None for this meeting.	
	Highly Specialised Technologies for Discussion	
	x) NICE Technology Appraisal Final Appraisal Determination: Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal B-cell lymphoma after 2 or more systemic therapies Local commissioned centres for CAR-T treatment are UCL and KCH London and patients will be referred to these centres. The specialised commissioning hubs will also pay for IVIg prophylaxis where required. AD will raise this issue at the next IVIg regional panel meeting. **y) NICE FAD: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease** For information as the Trust is not a recognised treatment centre. **z) NICE FAD: Regorafenib for treated advanced hepatocellular carcinoma (rapid review of TA514**) For information as the Trust is not a recognised treatment centre. **aa) NICE TA550: Vandetanib for treating medullary thyroid cancer (negative)** For information as the Trust is not a recognised treatment centre. **bb) NICE TA553: Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence** For information as the Trust is not a recognised treatment centre. **cc) Clinical Commissioning Policy: Gemcitabine and capecitabine following surgery for pancreatic cancer (all ages)** For information as the Trust is not a recognised treatment centre. **dd) EAMS – Atezolizumab, in combination with bevacizumab, paclitaxel and carboplatin, for the treatment of adult patients with EGFR activating mutations or ALK positive tumour mutations metastatic non-squamous non-small cell lung cancer (NSCLC) after failure of appropriate targeted therapies** For information as the Trust is not a recognised treatment centre.	**AD**
	Health Technology Assessment	
	a) None for this meeting.	
	For Discussion	
	b) None for this meeting.	
8.	**Patient Safety Alerts**	
	a) Resources to support safer modification of food and drink AD awaiting feedback that Central Surrey Healthcare dieticians/speech and language therapists are also linking with the Trust dieticians on this alert. **b) Resources to support safer bowel care for patients at risk of autonomic dysreflexia** Action plan reviewed at MMCBG and has been signed off at CQAC.	**AD**
9.	**Operational Issues**	

	a) Regional Medicines Optimisation Committees **I. Midlands and East Update 2019- Issue 1** RMOC will be publishing a position statement on GLP- mimetics and their impact on cardiovascular outcome measures. The Midlands and East RMOC will take a lead role for antimicrobial resistance and stewardship within the RMOC system.	
	b) NHSE guidance on OTC and self-care prescribing AD has seen the posters and advised that they are more primary care focussed as they advise 'refer to GP'. For secondary care it may be more appropriate to signpost to a doctor or healthcare professional.	**AD**
	c) Freestyle Libre® Paediatrics is close to starting their service to initiate appropriate patients. A SOP has been written and will be available for the next MMCBG.	**AL**
	d) South West London Joint Formulary The communication letter regarding the APC Acute Medicines Formulary Harmonisation Project is for information. It has been circulated to make clinical teams in the Trust aware of the project.	
	e) South West London Wound Care Formulary No update for this meeting.	
	f) Adalimumab Biosimilar **I. National Distribution Strategy** Trust patients will remain on Humira® branded adalimumab as detailed at the last meeting. There will be a review in 12 months.	
	g) Avastin- Wet AMD No update for this meeting.	**AD**
	h) Reducing Waste of Medicine- Homecare The audit data collection is starting in the next two weeks. The results will be fed back to MMC once complete and report produced.	**AD**
	i) Insulin Degludec (Tresiba®)- Initiation by Nurse Specialists Insulin degludec was added to the Trust formulary with the proviso that it was for use by diabetology specialists only, but for initiation by consultant only. As the community teams follow our formulary it has caused some issues for the diabetes nurse specialists who are non-medical prescribers. Dr Hyer has agreed that a better statement would be 'For initiation or continuation only by diabetes specialists team under the supervision of the Diabetes Consultant'. Dr Balani (consultant diabetologist for ESTH and Sutton Community Diabetes Services delivered by Royal Marsden Hospital) has advised that she supports this and the community nurse specialists in the community would also follow this statement. As the community services do not currently come under the governance of ESTH they will not be able to do this until April. The committee agreed the statement suggested by Dr Hyer replace the current formulary statement. Trust employed diabetes nurse prescribers can act on this statement from now and the community teams from April 2019.	**KGA**
	j) Testosterone Injection Brand Inclusion Currently Sustanon 250 (testosterone enantate) is the only formulary testosterone injection. Recently requests from endocrinologists to the GPs to prescribe Nebido® (testosterone undecanoate) have been rejected as this preparation is not listed. Both products are licensed for the treatment of hypogonadism. Testosterone undecanoate is a longer acting ester that maintains serum testosterone levels within the normal range without major fluctuations and its longer half-life allows for administration every 3 months after the initial loading. Nebido® is given every 3 months and Sustanon every 3 weeks and is also cheaper. **Decision**	**AL/KGA**

	To agree to add Nebido® as an alternative testosterone injection to the formulary. GPs will be able to administer in future. They receive clinic letters providing information/advice on continuing treatment.	
	k) High Dose Opioids Users Guidelines AD requested that this is discussed at the next meeting.	**AD**
10.	**Feedback from CCGs and Trust Committees**	
	a) Trust/GGC Antimicrobial Review Meeting A meeting to be arranged with JB. **I. Methenamine tablets- UTI** Feedback from Surrey has advised that as it is not detailed in NICE they do not support its use. They do recognise that NICE guidelines are guidance and patients best interests should be considered. No response from SWL. As the antibiotics are being reviewed for the joint SWL Trusts formulary, a request has been made by the committee that they consider this use also.	**AD/Donna Francis** **Shireen Rahul/ AL/KGA**
	b) Sutton & Merton CCGs **I. Minutes-November 2018** Minutes for information. **II. Position Statement- Prescribing of Probiotics** The position statement is from NHSE and the Trust support that prescribing of probiotics for any indication is not routinely supported.	
	c) SWL Medicines Optimisation Group **I. Quick Reference PNS Supplement Guidance for Dietitian Reference** ST to send for the next meeting.	**ST**
	d) SWL Cardiovascular Group for Discussion Nothing for this meeting.	
	e) SWL Medicines Optimisation Clinical Network **I. Terms of Reference** Terms of reference for information.	
	f) Respiratory Working Group Nothing for this meeting.	
	g) Shared Care Prescribing Guidelines Nothing for this meeting.	
	h) Surrey Prescribing Clinical Network **I. Minutes-December 2018** Minutes for information. **II. Surrey Policy Statements** **a) Tizanidine for the treatment of spasticity** The Trust support this recommendation that tizanidine must be initiated by the specialist and maintain and monitor treatment until the patient has been stabilised on the optimal dose, which must be minimum of 4 months. Neurologists are aware. **b) VSL#3® for use in adults for the maintenance of remission of ileoanal pouchitis induced by antibacterials** The Trust supports this statement that VSL#3 has been removed from the list of products recommended by ACBS and it will be considered not suitable for prescribing on the NHS. Patients can purchase over the counter. **c) Liothyronine for hypothyroidism** The Trust support this policy statement and the endocrinologists are aware. It reflects the recommendations made by RMOC recently discussed. **d) Liothyronine monotherapy in oncology – thyroid and parathyroid disease**	

	The Trust does not initiate liothyronine in oncology patients, but this statement will be considered if required. **e) Sodium Valproate for the treatment of women of childbearing potential with: Epilepsy OR Bipolar disorder** The Trust supports this policy statement. **f) Sodium Valproate for the treatment in men and in females who are NOT of childbearing potential Epilepsy OR bipolar disorder** The Trust supports this policy statement. **g) Adalimumab dose optimisation (dose escalation) in patients with moderately to severely active ulcerative colitis** The Trust support this policy statement and the gastroenterologists are aware of the need to complete blueteq initation and continuation forms for the commissioners. **h) Sequential use of TNF alpha inhibitors in patients with moderately to severely active ulcerative colitis prior to a switch to vedolizumab** The Trust support this policy statement and the gastroenterologists are aware of the need to complete blueteq initiation and continuation forms for the commissioners. **i) Sucralfate for mucosal protection in gastroenterology** The Trust supports this policy statement and the gastroenterologists are aware that if needed the medication will be supplied by the Trust. **j) Bevacizumab for the treatment of patients with Wet Age Related Macular Degeneration (wet AMD)** The Trust notes this statement, however as it is not licensed for wet AMD , is still the subject of legal challenge and capacity to supply currently limited in the aseptic market the MMC has not approved its use. **III. Psoriatic Arthritis (PsA) Treatment Pathway in Adults** The Trust rheumatologists have been involved in the development of this treatment pathway and support its use. **IV. Crohn's Disease (Pathway 4) Biologic Treatment Pathway** The Trust gastroenterologists have been involved in the development of this treatment pathway and support its use. **V. Inflammatory Bowel Disease (Crohn's Disease) - Pathway 3** The Trust gastroenterologists have been involved in the development of this treatment pathway and support its use. **VI. Inflammatory Bowel Disease (Ulcerative Colitis) - Pathway 3** The Trust gastroenterologists have been involved in the development of this treatment pathway and support its use. **VII. Ulcerative Colitis (Pathway 4) Biologic Treatment Pathway** The Trust gastroenterologists have been involved in the development of this treatment pathway and support its use	
	k) Shared Care Prescribing Guidelines Nothing for this meeting.	
11.	**Any Other Business**	
	None	

12.	Date of Next Meeting:	
	Wednesday 10th April 2019, 12:30-14:00. Boardroom, Ground Floor, Rowan House , Epsom Hospital	