Chelsea and Westminster Hospital
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 12th April 2021

2. Minutes and Summary Notes from last meeting

On account of the Trust response to the Covid-19 Pandemic, this meeting was held via Zoom.
The minutes and summary notes of the Medicines Group Meeting held on 9th November 2020 were approved. The summary notes will be disseminated and published on the Trust intranet. A quarterly summary report will be drafted and forwarded to the Trust Patient Safety Group meeting for inclusion on the agenda in due course.
On account of the 2nd wave Covid-19 Pandemic and the need to suspend meetings for an appreciable length of time - all requests were reviewed and granted Chair's action and noted retrospectively at this meeting.

3. Matters Arising

The Group noted the matters arising from the previous meeting.

4. Business to be transacted by the Medicines Group

a) Formulary Applications

Full Applications

- **Pfizer-BioNTech COVID-19 mRNA Vaccine (BNT162b2)**

Requested by Microbiology for vaccination of Trust staff against Covid-19.
Approved by Chair's action on 13/01/2021 - For noting only
Outcome: Noted

- **Remdesivir (Veklury®) 100mg for Infusion**

Requested by Microbiology for the treatment of COVID-19 patients with confirmed SARS-CoV-2 infection in line with CMO advice.
Approved by Chair's action on 13/01/2021 - For noting only
Outcome: Noted

Ex-panel

- **Tocilizumab for ICU patients with Covid-19**

The Department of Health and NHS England released a Chief Medical Officer (CMO) therapeutic alert in November 2020 to use IV Tocilizumab (RoActemra®) for adult patients admitted into ITU with COVID-19 pneumonia. This recommendation is based upon the beneficial effects seen for immunomodulatory therapy in the REM-CAP trial. The Antimicrobial Steering Group (ASG) request the use of IV Tocilizumab for COVID-19 patients as detailed in the therapeutic alert.
Approved by Chair's action on 27/11/2020 - For noting only
Outcome: Noted

- **Sarilumab for ICU patients with Covid-19**

The Department of Health and NHS England released a Chief Medical Officer (CMO) therapeutic alert in January 2021 recommending IV Sarilumab (Kevzara®) could be prescribed for adult patients admitted into ITU with COVID-19 pneumonia as an alternative to Tocilizumab (RoActemra®) (if available). Clinicians should consider prescribing intravenous Tocilizumab following the criteria defined below for patients in intensive care. Intravenous Sarilumab could be considered as an alternative (if available).
Approved by Chair's action on 01/03/2021 - For noting only
Outcome: Noted

- **Trastuzumab Biosimilar Switch**

The Oncology Team requests the approval from Trust Medicines Group to implement a biosimilar to biosimilar switch in January 2021 from the current brand of intravenous Trastuzumab - Ontruzant® to Zercepac®.
Approved by Chair's action on 14/01/2020 - For noting only
Outcome: Noted

- **Plenvu® Powder for oral Solution**

Moviprep® is the first line bowel cleansing agent for patients undergoing colonoscopy. As part of the administration protocol, patients are required to take a total of 2 litres of fluid with Moviprep®.

Plenvu® is a lower-volume bowel preparation that requires patients to take half the volume (1 Litre) instead.
Proposal: Plenvu® to be added to the formulary and indicated for patients who have not tolerated high volume bowel preparations in the past or have had a failed colonoscopy with Moviprep®. A PGD is in place to support the supply of Moviprep. A PGD will not be required to support the supply of Plenvu® as this will be prescribed by a clinician.
Estimated usage is likely to be 60 patients per annum per site. Similar to Moviprep®.

Cost implication
Given the fact that patients receiving Plenvu® would have ordinarily received Moviprep®, the cost implication based on estimated usage alone is shown below:
120 patients per annum (cross-site) x cost of Plenvu® (£13.05) = £1,566
120 patients per annum (cross-site) x cost of Moviprep® (£9.18) = £1,101.6

Additional difference per annum= £465
The above does not factor the cost of repeat procedures and missed diagnosis due to inadequately prepared bowel.
Approved by Chair's action on 11/01/2021 - For noting only
Outcome: Noted

- **Cyanocobalamin 1mg Tablets**

Request from Pharmacy for Cyanocobalamin 1mg Tablets to be added to the formulary.

Currently the formulary includes Cyanocobalamin 50mcg tablets only and 1mg/ml Hydroxocobalamin Injection for treatment of Vitamin B12 deficiency.

The 1mg dose provides an oral option for needlephobic patients who require Vitamin B12 replacement.

For a 1mg dose:
Current formulary options:
- 1 x 1mg hydroxocobalamin injection £1.20
- 20 x 50mcg cyanocobalamin tablets £3.26

Proposed addition:
- 1 x 1mg cyanocobalamin tablet £0.09

Approved by Chair's action on 13/01/2021 - For noting only
Outcome: Noted

- **Glycopyrronium Bromide 400mcg/ml Oral Solution (Sialanar®)**

Request from Paediatric Pharmacy Team for Glycopyrronium Bromide 400mcg/ml oral solution (Sialanar®) to be added to the formulary for treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders, which is its licensed indication.

Currently the formulary includes unlicensed Glycopyrronium Bromide 1mg/1ml oral solution.

Sialanar® will be used as 1st line over the generic product (Colonis Brand) due to the more favourable formulation strength, cost per microgram, excipients and shelf life.

N.B. BNFc have now included a statement which reads '*Oral solutions are not interchangeable on a microgram-for-microgram basis due to differences in bioavailability.*' Therefore for those patients who are already established on a particular product / strength, Pharmacy may need to order in the non-formulary preparation occasionally to ensure ongoing continuation of therapy.
Approved by Chair's action on 24/02/21 - For noting only
Outcome: Noted

- **Pertuzumab and Trastuzumab (Phesgo®) 1200mg/600mg & 600mg/600mg solution for injection**

Request from Oncology Team at WMUH site for Pertuzumab and Trastuzumab (Phesgo®) solution for injection to be added to the formulary for treatment of breast cancer as per NICE TA424, TA509 & TA569.

NHSE have recently commissioned the use of Phesgo® which is a new subcutaneous formulation of pertuzumab and trastuzumab. In these COVID times, there are a number of advantages with the product, over the current treatment which is intravenous pertuzumab and trastuzumab:

- A 5-8 minute administration (instead of approx. 2 hours infusion time)
- Reduced nurse / chair time on the chemo day unit, increasing chemo day unit capacity
- No need for venous access

Phesgo® will be used for all new patients who are to be initiated on dual antibody treatment. Existing patients will be considered to be switched to this new formulation at their next clinical review, taking into account where they are in their treatment pathway and their preference.
Approved by Chair's action on 24/02/21 - For noting only
Outcome: Noted

- **Esomeprazole 10mg gastro-resistant granules for oral suspension (Nexium®)**

Request from Paediatric team for Esomeprazole (Nexium®) 10mg gastro-resistant granules for oral suspension to be added to the formulary for >1years old (& over 10kg) for treatment of gastroesophageal reflux disease, which is its licensed indication. It is also licensed to be administered via feeding tubes ≥6fr therefore this could also be used in adult patients.

Currently the formulary includes esomperazole tablets and injection & unlicensed preparation of Omeprazole (Aclomep®) oral solution for patients with feeding tube and making ongoing prescribing in primary care difficult. There is a licensed preparation of Omeprazole liquid (Rosemont brand) however it is unsuitable for our patient cohort based on administration technique, excipient content (Benzoate content of this licensed preparation (5mg sodium benzoate in each 1ml) exceeds the acceptable limits as guided by WHO and detailed guidance issued by Neonatal & Paediatric Pharmacists Group) and palatability.

Esomeprazole (Nexium®) 10mg gastro-resistant granules for oral suspension is cheaper than Omeprazole (Aclomep®) oral solution and Rosemont brand omeprazole liquid.

Omeprazole (Aclomep®) oral solution will remain as 1st line in patients <1yrs with/without feeding tubes.
Approved by Chair's action on 23/03/2021 - For noting only
Outcome: Noted

- **Infliximab 120mg solution for injection in pre-filled pen (Remsima®)**

Infliximab (Remsima®) 120 mg solution for injection in pre-filled pen is now licensed in IBD patients.

Infliximab use is endorsed by:
- NICE TAG TA187 May 2010: Infliximab and Adalimumab for the treatment of Crohn's Disease
- NICE TA329 Feb 2015: Infliximab, Adalimumab and Golimumab for treating moderately to severely active Ulcerative Colitis after the failure of conventional therapy.

Usually administered IV: 5mg /kg at W0, W2 & W6 then every 8 weeks.

Proposal
IBD Team would like to have this available for emergency cases (5 total) where patients are not able to travel to Trust for IV doses due to COVID 19 travel restrictions.

New starters: IV 5mg/kg at Week 0 & Week 2 then at Week 6 - SC 120 mg every 2 weeks.
Switch patients: Start SC 120mg 2 weekly 8 weeks after last IV dose

Cost difference
IV: £73.80 per vial
SC: £192.30 per pen (incl. Homecare delivery + Nurse visits)
IV maintenance (80Kg) @5mg/kg = £295 per dose = £1771 + 6 day case attendances = £3,571 pa
SC Maintenance = £192.3 x 26 = £4,999 pa
Additional cost to CCG = £1,428 pa
CCG are in full support of the request
Approved by Chair's action on 23/03/2021 - For noting only
Outcome: Noted

- **Dulaglutide (Trulicity®) 3mg & 4.5mg solution for injection in pre-filled pen**

Dulaglutide (Trulicity®) is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise as:

- **Monotherapy** when metformin is considered inappropriate due to intolerance or contraindications
- **Add-on therapy** in addition to other medicinal products for the treatment of diabetes

Dulaglutide (Trulicity®) (Now has two higher doses approved, 3mg and 4.5mg weekly. The 3mg and 4.5mg pre-filled pens are not currently included within the Chelsea and Westminster NHS Foundation Trust formulary, however the 0.75mg and 1.5mg strengths are.

Cost analysis:
All formulations of Trulicity® are the same price (£73.25)

Given the fact that the cost of the different formulations are the same and that patients receiving the 3mg and 4.5mg strengths would have ordinarily received the 1.5mg pen, adding the higher strengths means Pharmacy are always dispensing the most cost efficient formulation.
Approved by Chair's action on 23/03/2021 - For noting only
Outcome: Noted

Removals

- **Glycopyrronium Bromide 1mg/1ml Oral Solution (Unlicensed)**

Request from Paediatric Pharmacy team for Glycopyrronium Bromide 1mg/1ml oral solution (unlicensed) to be removed from the formulary. Licensed product is now available and has been requested to be added to the formulary instead.
Approved by Chair's action on 24/02/21 - For noting only
Outcome: Noted

NICE Approved drug applications

- **TA649 - Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma**

Approved by NICE in September 2020
Approved by Chair's action on 26/01/2021 - For noting only
Outcome: Noted

- **TA651 - Naldemedine for treating opioid-induced constipation**

Approved by NICE in September 2020
Approved by Chair's action on 26/01/2021 - For noting only
Outcome: Noted

- **TA664 - Liraglutide for managing overweight and obesity**

Approved by NICE in December 2020
Approved by Chair's action on 04/03/2021 - For noting only
Outcome: Noted

- **TA665 - Upadacitinib for treating severe rheumatoid arthritis**

Approved by NICE in December 2020
Approved by Chair's action on 09/03/2021 - For noting only
Outcome: Noted

- **TA658 - Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma**

Approved by NICE in November 2020
Approved by Chair's action on 08/03/2021 - For noting only
Outcome: Noted

- **TA659 - Galcanezumab for preventing migraine**

Approved by NICE in November 2020
Approved by Chair's action on 26/01/2021 - For noting only
Outcome: Noted

- **TA676 - Filgotinib for treating moderate to severe rheumatoid arthritis**

Approved by NICE in February 2021
Approved by Chair's action on 09/03/2021 - For noting only
Outcome: Noted

- **TA682 Erenumab for preventing migraine**

Approved by NICE in March 2021
Approved by Chair's action on 22/03/2021 - For noting only
Outcome: Noted

Pharmacoeconomic Board requests

- **Rituximab for Autoimmune Encephalitis**

Approved by the Pharmacoeconomic Board on 12/11
Outcome: Noted

- **Pembrolizumab for PML**

Approved by the Pharmacoeconomic Board on 17/11
Outcome: Noted

- **Botulinum Toxin for Achalasia**

Approved by the Pharmacoeconomic Board on 19/11
Outcome: Noted

- **Tocilizumab for Opsoclonus Myoclonus Syndrome**

Approved by the Pharmacoeconomic Board on 20/11
Outcome: Noted

- **Brenuximab for Hodgkin's Lymphoma**

Approved by the Pharmacoeconomic Board on 03/01
Outcome: Noted

- **Rituximab and Tocilizumab for Stiff Person Syndrome**

Rituximab approved by the Pharmacoeconomic Board on 10/12
Tocilizumab approved by the Pharmacoeconomic Board on 31/12
Outcome: Noted

- **Etanercept for Ankylosing Spondylitis**

Pre-approval for use of Etanercept for patient with AS needing to switch from Golimumab
Approved by the Pharmacoeconomic Board on 03/02
Outcome: Noted

- **Rituximab SC for Follicular Lymphoma**

NHS England Blueteq funding approved during Covid period for the use of Rituximab S/C rather than IV which is an off-label use for follicular Lymphoma.
Noted at MDT and approved by the Pharmacoeconomic Board on 10/02
Outcome: Noted

4.2 Trust Medicines Policy
Nil

4.3 Medicines Optimisation

- **Symptom management guidelines for dying patients (Adults)**

Updated guideline on the management of symptoms for dying (adult) patients.

Updated to include:
- Cerner prescribing advice
- Covid-19 symptom control

Outcome: Approved

4.4 NICE Technical Appraisals and Guidance
a) NICE Technical Appraisals

7 Appraisals published in November 2020
5 Appraisals published in December 2020
3 Appraisals published in January 2021
9 Appraisals published in February 2021
5 Appraisals published in March 2021

TA656 - Siponimod for treating secondary progressive multiple sclerosis
Formulary status / Action
Nil action - Not applicable - CWFT not commissioned

TA657 - Carfilzomib for previously treated multiple myeloma
Formulary status / Action
Currently included on the CWFT formulary
Numbers likely to treat at CWH site: 1-2 patients per year
Numbers likely to treat at WMUH site: 3 patients per year

TA658 - Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma
Formulary status / Action
Signed application received from the Haematology Team and added to the formulary.
Approved by Chair's action on 08/03/2021 - For noting only

TA659 - Galcanezumab for preventing migraine
Formulary status / Action
Signed application received from the Neurology Team and added to the formulary.
Approved by Chair's action on 26/01/2021 - For noting only

TA660 - Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer
Formulary status / Action
Add to the formulary following receipt of a signed application form from the Oncology Team.

TA661 - Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma
Formulary status / Action
Nil action - Not applicable - CWFT not commissioned

TA662 - Durvalumab in combination for untreated extensive-stage small-cell lung cancer (Terminated appraisal)
Formulary status / Action
Nil action - Terminated appraisal

TA663 - Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia
Formulary status / Action
Currently included on the CWFT formulary
Numbers likely to treat at CWH site: 5 patients per year
Numbers likely to treat at WMUH site: 5 patients per year

TA664 Liraglutide for managing overweight and obesity
Formulary status / Action
Signed application received from the Endocrinology Team and added to the formulary.
Approved by Chair's action on 04/03/2021 - For noting only

TA665 Upadacitinib for treating severe rheumatoid arthritis
Formulary status / Action
Signed application received from the Rheumatology Team and added to the formulary.
Approved by Chair's action on 09/03/2021 - For noting only

TA666 Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma
Formulary status / Action
Nil action - Not applicable - CWFT not commissioned

TA667 Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura
Formulary status / Action
Awaiting commissioning information from NHSE
If CWFT Commissioned - add to the formulary following receipt of a signed application form from the Haematology Team.

TA668 Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer
Formulary status / Action
Currently included on the CWFT formulary
Numbers likely to treat at CWH site: 0 patients per year
Numbers likely to treat at WMUH site: 0 patients per year
Trust does not treat metastatic colorectal cancer.

TA669 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies
Formulary status / Action
Nil action - Not recommended

TA670 Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor
Formulary status / Action
Currently included on the CWFT formulary
Numbers likely to treat at CWH site: 2-3 patients per year
Numbers likely to treat at WMUH site: 1-2 patients per year

TA671 Mepolizumab for treating severe eosinophilic asthma
Formulary status / Action
Nil action - Not applicable - CWFT not commissioned

TA672 Brolucizumab for treating wet age-related macular degeneration
Formulary status / Action
Add to the formulary following receipt of a signed application form from the Ophthalmology Team.

TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy
Formulary status / Action
Nil action - Not applicable - CWFT not commissioned

TA674 Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (Terminated appraisal)
Formulary status / Action
Nil action - Terminated appraisal

TA675 Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (Terminated appraisal)
Formulary status / Action
Nil action - Terminated appraisal

TA676 Filgotinib for treating moderate to severe rheumatoid arthritis
Formulary status / Action
Signed application received from the Rheumatology Team and added to the formulary.
Approved by Chair's action on 09/03/2021 - For noting only

TA677 Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma
Formulary status / Action
Nil action - Not classified as a drug treatment.

TA678 Omalizumab for treating chronic rhinosinusitis with nasal polyps (Terminated appraisal)
Formulary status / Action
Nil action - Terminated appraisal

TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction
Formulary status / Action
Currently included on the formulary for other indication.
Numbers likely to treat at CWH site: 20-30 patients per year
Numbers likely to treat at WMUH site: 150 patients per year

TA680 Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma
Formulary status / Action
Currently included on the CWFT formulary
To confirm with Oncology Team numbers likely to treat for this indication.

TA681 Baricitinib for treating moderate to severe atopic dermatitis
Formulary status / Action
Currently included on the formulary for other indication.
Numbers likely to treat at CWH site: 10 patients per year
Numbers likely to treat at WMUH site: 10 patients per year

TA682 Erenumab for preventing migraine
Formulary status / Action
Signed application received from the Neurology Team and added to the formulary.
Approved by Chair's action on 22/03/2021 - For noting only

TA683 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer
Formulary status / Action
Currently included on the CWFT formulary
To confirm with Oncology Team numbers likely to treat for this indication.

TA684 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease
Formulary status / Action
Currently included on the CWFT formulary
To confirm with Oncology Team numbers likely to treat for this indication.

a) NICE Highly Specialised Technologies published since last meeting

1 Highly Specialised Technologies published in February 2021

HST14 Metreleptin for treating lipodystrophy
Formulary status / Action
Awaiting commissioning information from NHSE

4.5 IVIG requests

- **IVIG Issues for October 2020 - WMUH Site**

There were 16 IVIG issues in October 2020, with 8 new requests
Outcome: Noted

- **IVIG Issues for November 2020 - CWH Site**

There were 14 IVIG issues in November 2020, with 9 new requests
Outcome: Noted

- **IVIG Issues for November 2020 - WMUH Site**

There were 11 IVIG issues in November 2020, with 3 new requests
Outcome: Noted

- **IVIG Issues for December 2020 - CW Site**

There were 7 IVIG issues in December 2020, with 3 new requests
Outcome: Noted

- **IVIG Issues for December 2020 - WMUH Site**

There were 11 IVIG issues in December 2020, with 4 new requests:
Outcome: Noted

- **IVIG Issues for January 2021 - CWH Site**

There were 7 IVIG issues in January 2021, with 6 new requests:
Outcome: Noted

- **IVIG Issues for January 2021 - WMUH Site**

There were 18 IVIG issues in January 2021, with 10 new requests:
Outcome: Noted

- **IVIG Issues for February 2021 - CWH Site**

There were 12 IVIG issues in February 2021, with 6 new requests:
Outcome: Approved

- **IVIG Issues for February 2021 - WMUH Site**

There were 12 IVIG issues in February 2021, with 7 new requests:
Outcome: Approved

4.6 Items for noting

- **Quarterly Controlled Drug Summary Report - Q3 2020/21**

Quarterly Controlled Drug Summary Report for Q3 2020/21
Outcome: Noted

- **Quarterly Controlled Drugs Accountable Officer Report - Q3 2020/21**

Quarterly CD Accountable Officer Report for Q3 2020/21
Outcome: Noted

- **Medication Safety Bulletin - Antimicrobials: Handle with care**

Medication safety Bulletin relating to World Antimicrobial Awareness Week - Published November 2020
Outcome: Noted

- **Medication Safety Bulletin - Medication Safety Bulletin - Subcutaneous Syringe Pumps**

Medication safety Bulletin relating to Subcutaneous Syringe Pumps - Published December 2020
Outcome: Noted

- **NWL integrated Formulary Changes - November 2020**

Changes to the NWL Integrated Formulary for November 2020
Outcome: Noted

- **MHRA Drug Safety Update - November 2020**

MHRA update for November 2020
Outcome: Noted

- **MHRA Drug Safety Update - December 2020**

MHRA update for December 2020
Outcome: Noted

- **MHRA Drug Safety Update - January 2021**

MHRA update for January 2021
Outcome: Noted

- **MHRA Drug Safety Update - February 2021**

MHRA update for February 2021
Outcome: Noted

- **MHRA Drug Safety Update - March 2021**

MHRA update for March 2021
Outcome: Noted

4.7 Meeting minutes for noting

- **NWLIF NDP Meeting minutes - November 2020**

Minutes from NWLIF meeting held in November 2020
Outcome: Noted

4.8 Additional papers to go to Trust Patient Safety Group

- **Nil**

5. Any other business

- **Nil**

6. Date of next meeting
Next meeting

Chelsea and Westminster Hospital
NHS Foundation Trust

Date: TBC
Time: 8am-9am
Location: Via Zoom
Closing date: TBC