Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Medicines Group
Minutes

Meeting held on **Monday 11th June 2018**, 08.00 to 09.00.
Boardroom (CWH) and Room A via Teleconference

1. Attendance and apologies for absence		
Present (CWH Site)	**Present (WMUH Site)**	**Apologies**
Prof. Mark Bower (MB) (Chair) Deirdre Richardson (DR) (Secretary) Deirdre Linnard (DL) Esther Wong (EW) Lee Watson (LW) Grainne Cooney (GC) Craig Leaper (CL)	Maiko Usui (MU) Chisha McDonald (CMcD) Gillian Avery (GA) **In attendance:** Priyanka Seegobin (Pre-Registration) Miss Suraiya Abdi Mr Andrew Williams Dr Kate Elworthy	**CWH Site** Ben Thomas (BT) Sarah Thomas (ST) Zoe Penn (ZP) Berge Azadian (BA) Michael Feher (MF) **WMUH Site** Anjan Chakrabarty (AC) Annette Nienhaus (AN) Zulfiquar Mirza (ZM) David Hawkins (DH) Mahyar Saremi (MS)

2. Minutes of previous meeting	
The minutes and summary notes of the Medicines Group Meeting held on 14th May 2018 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 for June 2018.	
3. Matters Arising (unless under an agenda item)	
From TMG April 2018 meeting • **Formulary Applications** Regarding adding the following medicines to the formulary: - Gelclair Oral Gel - Silicone (Dermatix) Gel - Silicone (Kelo-Cote) Gel **Action: To confirm NWLIF New Drugs Panel's position on adding devices to the NWLIF** **Update May:** Concerns were raised regarding adding adding silicone products to formularies for GPs can open the gate for cosmetics use Information form Prescqipp about these products: • *Clinical Commissioning Groups (CCGs) may however wish to consider prescribing in certain specified circumstances, e.g. prescribing should be restricted to hypertrophic or keloid scars that result from burns, trauma or from surgery where the scar is functionally disabling (due to significant pain or pruritis) or the scar results in facial disfigurement.* • *Exceptions to treatment are where scarring impacts severely on physical function. CCGs may have specific criteria (as stated above). In these cases local procedures should be developed (such as individual funding, prior approval, formulary restriction etc.).* **Action: To discuss further with the secretary for the NWLIF New Drugs Panel** **Update June: MS was not in attendance. Discussion was deferred until July meeting. Rolled-over** • **NICE Technical Appraisals** TA517 - Avelumab for treating metastatic Merkel cell carcinoma **Action: To be added to the formulary following receipt of a completed application form from the Oncology Team.** **Outcome: Included under Section 4.1** **Closed**	

• **Medicines Optimisation** **Contrast Media Vial Sharing - Risk Assessments** **Action: Risk assessment to be forwarded for inclusion on the Trust Risk Register.** **Outcome: Completed by the relevant departments as advised by the relevant clinical specialist pharmacists.** **Closed**	
4.1 Formulary Applications	**Action**
a) Declaration of interest No conflicts of interest were declared by any panel members. ***b)* Formulary requests** ***Full Applications*** • **Levonorgestrel Intrauterine Delivery System 20mcg/24hours (Levosert®)** Requested by the Gynaecology Team as a contraception option (4 years) and for the management of heavy menstrual bleeding. It is inserted into the uterine cavity for the duration of symptoms / contraceptive need. It may be used as 1st line instead of Mirena® when clinical use is anticipated to be less than 5 years. There is still a need to keep Mirena® on the formulary as it is anticipated that Levosert® may not be suitable for all patients. It is anticipated that approximately 80% of patients who would have had Mirena® inserted will now have Levosert® inserted. There will be a potential cost saving of £27,717 cross-site per annum to the Trust if Levosert® is used where suitable instead of Mirena®. **Decision: Approved for addition to the formulary** • **Diphoterine® Spray and Eye Wash** Requested by the Burns Unit (CWH) for decontamination of cutaneous and ocular chemical (both acid and alkali) injuries <24 hours old, with the exception of hydrofluoric acid burns. Outcomes were significantly improved when compared to irrigation with sterile water which is current practice on the Burns Unit. There will be a potential cost to the Trust of £1,000 per annum. **Decision: Approved for addition to the formulary** • **Dequalinium Chloride 10mg Vaginal Tablets** This was approved by the HIV/GUM Sub-Group in April 2018 and forwarded to TMG for noting. Following discussion with the Chair it was agreed to defer review of this application until next month as this will require full presentation at TMG rather than noting. This is in line with Terms of Reference for the HIV/GUM Sub-Group. **Decision: Deferred** ***Ex-panel*** • **Bepanthan Ointment** Requested by Paediatrics Department for nappy rash to replace Metanium Ointment which is currently on long term manufacturer's delay **Decision: Approved for addition to the formulary** • **Liothyronine 20micrograms Tablets** Removed from the formulary in May 2018 in light of the NHS England Consultation re. Items which should not routinely be prescribed in Primary Care. Position Statement: *"There is no convincing evidence to support routine use of thyroid extracts, L-T3 monotherapy, compounded thyroid hormones, iodine containing preparations, dietary supplementation and over the counter preparations in the management of hypothyroidism".* *Subsequently the* Diabetology Team have requested that this not removed from the formulary.	

On further review of the finalised consultation document - proposal to reverse this removal: "We received a significant number of responses during the consultation around liothyronine. The main recurring theme - particularly from patients and organisational bodies - is that liothyronine is an effective treatment which is invaluable to patient wellbeing, quality of life and condition management. We also heard that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. The joint clinical working group considered the consultation feedback and therefore decided that liothyronine should still be prescribed for a small cohort of patients. The joint clinical working group changed the recommendations so that initiation of prescribing of liothyronine in appropriate patients should be initiated by a consultant endocrinologist in the NHS, and that deprescribing in 'all' patients is not appropriate as there are recognised exceptions". **Decision: Decision to remove from the formulary reversed** ***Removals*** • **Lofexidine 200microgram Tablets (Britlofex®)** Long term manufacturer's delay. Low usage at both sites. Proposal to remove from the formulary. **Decision: Approved for removal from the formulary** ***NICE Approved drug applications*** • **TA517 - Avelumab for treating metastatic Merkel Cell Carcinoma** Application form for drug approved by NICE. **Decision: Approved for addition to the formulary** ***Pharmacoeconomic Board requests*** • **Tocilizumab IV for Giant Cell Arthritis** Approved by the Pharmacoeconomic Board for GCA on 21/05/2018.. NICE TA approved in April 2018 (TA518) for this indication. Patient to be treated at the relevant Specialist Centre. **Decision: Noted**	
4.2. Trust Medicines Policy	
• **TMP - Section 22: Non-Medical Prescribing** Update to Appendix 22.4 (Review of Scope of Practice) with relevant signatures. **Decision: Approved** • **TMP - Section 25: Trust Policy for Homecare Medications** Updated Medicines checklist to include GDPR letter. **Decision: Approved** • **TMP - Audit 2018 - Audit Plan** Plan for Trust Medicines Policy Audit 2018 which will be undertaken in July/August 2018. **Decision: Approved** • **Updates to IV Administration Guide (Adult)** Three new monographs: CefTAZIDime/Avibactam (Zavicefta®) IV Fosfomycin IV Isavuconazole IV Addition of Level One to the 'Who may give' section of Neostigmine IV in colonic pseudo-obstruction. In such cases Neostigmine IV would be under the supervision of a Gastroenterology	

Consultant **Decision: Approved**	
4.3 Medicines Optimisation	
• Nil	
4.4 NICE Technical Appraisals and Guidance	
a) NICE Technical Appraisals **1 Appraisals were published in May 2018** **TA520 - Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy** **Recommendations** 1.1 Atezolizumab is recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults who have had chemotherapy (and targeted treatment if they have an EGFR- or ALK-positive tumour), only if: • atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and • the company provides atezolizumab with the discount agreed in the patient access scheme. 1.2 This recommendation is not intended to affect treatment with atezolizumab that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop. **Formulary status / Action** **Currently included on the formulary for another indication. Numbers likely to treat at CWH site: 5-10 patients per year.**	
4.5 IVIG Issues	
IVIG requests • IVIG issues for May 2018 - CW site There were 15 IVIG issues in May 2018, with 5 new requests: • One for ITP (Red indication) • One for Kawasaki's Disease (Red indication) • One for Myasthenia Gravis (Blue indication) • One for Lambert Eaton Myasthenic syndrome (Blue indication) • One for secondary antibody deficiencies (Blue indication) • IVIG issues for April 2018 - WMUH site - Not available (Will be reported in July) • IVIG issues for May 2018 - WMUH site - Not available (Will be reported in July) **Decision: Approved** • **Audit: A re-audit to determine whether patients at Chelsea and Westminster NHS Foundation Trust are prescribed intravenous immunoglobulin (IVIg) according to the Department of Health (DoH) guidelines.** Audit report presented **Decision: Approved**	
4.6 Items for noting	

• **Trust Medication Safety Bulletin - Edition 4** Medication Safety Bulletin relating to antibiotics in penicillin allergy patients **Decision: Noted** • **Trust Medication Safety Bulletin - Edition 5** Medication Safety Bulletin relating to wrong route of administration **Decision: Noted** • **MHRA Drug Safety Update - May 2018** MHRA update for May 2018 **Decision: Note**	
4.7 Meeting minutes for noting	
• **HIV/GUM Directorate - Medicines Sub-Group Meeting - March 2018** Minutes from HIV/GUM Directorate - Medicines Sub-Group Meeting - March 2018 **Decision: Noted** • **HIV/GUM Directorate - Medicines Sub-Group Meeting - April 2018** Minutes from HIV/GUM Directorate - Medicines Sub-Group Meeting - April 2018 **Decision: Noted** • **Medication Safety Group Meeting - April 2018** Minutes from Medication Safety Group Meeting - April 2018 **Decision: Noted**	
4.8 Additional papers to go to the Trust Patient Safety Group	
• Nil	
5. Any other business	
• Nil	
6. Date of next meeting	**Next meeting** **Date: Monday 9th July 2018** **Time: 8am-9am** **Location: Board Room (CWH Site) and Meeting Room A (WMUH Site via video conferencing)** **Closing date: 15th June 2018**