



**Chelsea and Westminster Hospital NHS Foundation Trust  
Trust Medicines Group**

**Summary of Main Points from the Meeting held on Monday 10<sup>th</sup> September 2018**

**2. Minutes and Summary Notes from last meeting**

The Minutes and Summary notes from the 9<sup>th</sup> July 2018 Medicines Group meeting were approved and will be circulated.

**3. Matters Arising**

The Group noted the matters arising from the previous meeting.

**4. Business to be transacted by the Medicines Group**

**4.1 Formulary Applications**

***Full Applications***

• **Dequalinium Chloride 10mg Vaginal Tablets (Fluomizin<sup>®</sup>) (Kora)**

Requested by GUM. Fluomizin<sup>®</sup> is a non-antibiotic preparation for the treatment of Bacterial Vaginosis as an alternative for patients who do not tolerate oral metronidazole.

There is a lower recurrence of Bacterial Vaginosis with Dequalinium

Dequalinium is significantly cheaper than clindamycin

Dequalinium can also be prescribed to treat Vaginal Candidiasis concurrently.

**Decision: Approved for addition to the formulary**

***Ex-panel***

• **Ulipristal Acetate 5mg Tablets (Esmya<sup>®</sup>)**

In February 2018 - MHRA have reported five cases of serious liver injury, including four cases of hepatic failure needing liver transplantation, worldwide in women using Esmya for uterine fibroids.

It issued advice not to initiate new treatment courses of Esmya, including in women who have completed one or more treatment courses previously.

Removed from NWLIF in April 2018.

Remove CWH in May 2018

Further publication from MHRA published in August 2018 advises on a new restricted indication and contraindication:

- *Esmya is now indicated for:*
  - *the intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age who are not eligible for surgery*
  - *one course of pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age*
- *Esmya treatment is to be initiated and supervised by a physician experienced in the diagnosis and treatment of uterine fibroids.*
- *Esmya is contraindicated in women with underlying liver disorders*

Gynaecology have requested for Ulipristal Acetate 5mg Tablets (Esmya<sup>®</sup>) to be reinstated on the formulary for this restricted indication with the understanding that Primary Care will undertake the necessary LFT monitoring and on-going prescribing. However, concerns have been raised as to whether Primary Care GPs can undertake the necessary monitoring required for patients initiated on Ulipristal Acetate.

**Decision: Await reinstating on the formulary until plans for monitoring and on-going prescribing is agreed with Primary Care.**

• **Insulin Lispro 100 units/ml (Humalog<sup>®</sup> Junior KwikPen) solution for injection in a pre-filled pen**

Requested by the WMUH Paediatric Diabetes Team. Currently Humalog<sup>®</sup> KwikPen 100units/ml and 200units/ml are included on the formulary. Proposal is to add Humalog<sup>®</sup> Junior KwikPen to the formulary in addition, which will allow dose delivery in steps of 0.5units instead of 1 unit and may be more suitable in patients who may benefit from finer insulin dose adjustments.

**Decision: Approved for addition to the formulary**

• **Levothyroxine 12.5mcg Tablets**



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Requested by the Paediatric Team at C&WH to support the administration of small doses in paediatric patients. This is a licensed product. Currently included on the formulary: 25mcg, 50mcg and 100mcg Tablets. Concerns were raised on ensuring this is used for paediatric patients only on account of the cost.

**Decision: Approved for addition to the formulary for use in Paediatric patients only.**

- **Prednisolone (Dompe) 1mg/ml Liquid and Prednisolone 10mg/ml Liquid**

Proposal that has originated from the Medicines Optimisation Group.

Currently crushing the normal release tablets and suspending the crushed powder due to the escalation cost of Prednisolone soluble 5mg Tablets

Prednisolone soluble tablets contain prednisolone as sodium phosphate, compared to the normal tablets which are base. The prednisolone base is very bitter to taste. It has been shown that younger children do not tolerate bitter tastes as well as older children and adults. Recent audit in Paeds A&E suggest that 80% of paediatric patients vomit following a single dose due to taste. The prednisolone sodium phosphate ester (Dompe) has been shown to be better tolerated by children.

Proposal to add (Dompe) 1mg/ml strength formulation to the formulary and to add 10mg/ml strength formulation to the formulary for patients on high doses to replace having to crush tablets.

**Decision: Approved for addition to the formulary for use in Paediatric patients only.**

### **Removals**

- **Testosterone Gel (Testim®) 50mg in 5ml Tubes**

Discontinued by the manufacturer. Switched over to using Testosterone Gel (Testogel®) 16.2mg/g pump as an alternative when Testim gel was discontinued. This will remain the topical testosterone formulation of choice going forward.

**Decision: Approved for removal from the formulary**

- **Oxycodone & Naloxone oral combination preparations**

In line with preparation of Cerner implementation - proposal to remove all Oxycodone & Naloxone combination oral preparations due to low usage. Also requested by CCG to be removed as included on the list of medicines that should not be routinely prescribed in Primary Care.

**Decision: Approved for removal from the formulary**

### **NICE Approved drug applications**

- **Dupilumab for treating moderate to severe atopic dermatitis in line with NICE TA534**

Approved by NICE in July 2018

**Decision: Approved for addition to the formulary**

- **Beta interferon (Extavia®) for treating multiple sclerosis in line with TA527**

Approved by NICE in June 2018

**Decision: Approved for addition to the formulary**

### **Pharmacoeconomic Board requests**

- **IVIg for Pyoderma Gangrenosum**

Approved by the Pharmacoeconomic Board on 02/07/2018

For noting by the Group.

**Decision: Noted**

- **Growth Hormone for Prader Willi Syndrome**

Approved by the Pharmacoeconomic Board on 02/07/2018

For noting by the Group.

**Decision: Noted**

- **IVIg for Autoimmune Encephalitis**



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Approved by the Pharmacoeconomic Board on 13/08/20118  
For noting by the Group.

**Decision: Noted**

### **Other**

- **UMP: Cannabis Oil -THC 2 CBD 100**

Unlicensed Medicinal Product Category B for noting. Approved by the Pharmacoeconomic Board for prescribing to a paediatric patient admitted to the Trust in June with Epilepsy (Dravets). Patient used own supply of medication which was manufactured by Tilray (Canada).

For noting by the Group.

**Decision: Noted**

### **Feedback from North West London Integrated Formulary meeting - July 2018**

Feedback was provided following the North West London Integrated Formulary meeting held in July 2018

### **4.2 Trust Medicines Policy**

- **TMP - Section 6: Controlled Drugs**

Updated to reflect that Mifepristone will no longer be subject to double signing on dose administration.

**Decision: Approved**

- **TMP - Section 4: Safe storage of medicines**

Updated to include new revised temperature monitoring sheets

Extensive update to Ambient Temperature monitoring template as requested by Nursing and Midwifery to include clear actions for ward/department staff to take if temperatures are outside of optimal range.

**Decision: Approved**

- **TMP - Section 22. Non-Medical Prescribing**

Updated to:

- Remove the need for completion of a calculation test prior to completion of the IP course.
- Remove the need for completion of a Pharmacy update following the completion of the IP course.
- Add the need to read TMP Section 22. Non-Medical Prescribing following completion of the IP course.

This was discussed and agreed at the Joint Non-Medical Prescribing (NMP) and Patient Group Directions (PGD) Meeting in July 2018.

**Decision: Approved**

- **TMP Audit 2018**

Report detailing the results, conclusions and actions from the TMP Audit 2018 which was conducted cross-site was presented.

**Decision: Noted**

- **Update to IV Administration Guide**

Update to Streptokinase IV monograph to state that "First line use is for doctor only administration via intra-pleural drain". This is in response to an incident where a patient received Streptokinase intravenously rather than via an intra-pleural drain.

**Decision: Approved**

### **4.3 Medicines Optimisation**

- **Medicines Optimisation Report 2017/18**

This report summarises the activities of groups responsible for the management of medicines at Chelsea and Westminster Hospital NHS Foundation Trust, describes developments throughout the 2017-18 year and reports on results of external assessments.

Group members are asked to provide any feedback by September 14<sup>th</sup>



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**Decision: Approved pending any feedback**

- **Prescription wording in light of cessation of prescribing of New Non-Urgent medication from out-patient clinics at CWH Site**

The proposed wording that will appear on the Lastword Prescription /GP referral letter was presented. This will take effect from 15<sup>th</sup> October 2018, with the cessation of prescribing of new non-urgent medication from out-patient clinics at the CWH site was presented.

**Decision: There were no specific comments on the detail of the wording.**

#### **4.4 NICE Technical Appraisals and Guidance**

##### **NICE Technical Appraisals**

**1 Appraisal published in June 2018**

**6 Appraisals published in July 2018**

**6 Appraisals published in August 2018**

**TA527 – Beta interferons and glatiramer acetate for treating multiple sclerosis**

**Glatiramer acetate is currently included on the formulary**

**Interferon beta-1b (Extavia) added to the formulary.**

**TA528 – Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer**

**Nil action - Not applicable - Condition not treated at CWFT**

**TA529 – Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer**

**Currently included on the formulary**

**TA530 – Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy**

**Formulary status / Action**

**Nil - Not recommended**

**TA531 – Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer**

**Currently included on the formulary**

**TA532 – Cenegermin for treating neurotrophic keratitis**

**Nil - Not recommended**

**TA533 – Ocrelizumab for treating relapsing–remitting multiple sclerosis**

**Nil - Not applicable - Commissioned at Specialist Centres only**

**TA534 – Dupilumab for treating moderate to severe atopic dermatitis**

**Dupilumab added to the formulary.**

**TA535 – Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine**

**Nil action - Not applicable to CWH - Condition not treated at CWFT**

**TA536 – Alectinib for untreated ALK-positive advanced non-small-cell lung cancer**

**Formulary status / Action**

**Add to the formulary following receipt of a signed application from the Oncology Team.**

**TA537 – Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs**

**Currently included on the formulary for other indication.**

**To confirm numbers needed to treat this indication at each site**

**TA538 – Dinutuximab beta for treating neuroblastoma**



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**Nil action - Not applicable to CWH - Condition not treated at CWFT**

**TA539 – Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours**

**Nil action - Not applicable to CWH - Condition not treated at CWFT**

**4.5 IVIG requests**

**CWH Site**

- IVIG issues for July 2018 - CW site  
There were 9 IVIG issues in July 2018, with 2 new requests
- IVIG issues for August 2018 - CW site  
There were 13 IVIG issues in August 2018, with 7 new requests

**WMUH Site**

- IVIG issues for July 2018 - WMUH site  
There were 22 IVIG issues in July 2018, with 2 new requests
- IVIG issues for August 2018 - WMUH site  
Deferred to next month  
**Decision: Approved**

**4.6 Items for noting**

- **Quarterly Q1 2018/19 Controlled Drug Summary Report**  
Controlled Drug Summary Report for Q1 2018/19  
**Decision: Noted**
- **Quarterly Q1 2017/19 Controlled Drugs Accountable Officer Report**  
Controlled Drug Accountable Officer Report for Q1 2018/19  
**Decision: Noted**
- **Chemotherapy Service Group Terms of Reference**  
Terms of reference for the Chemotherapy Service Group  
**Decision: Noted**
- **Medication Safety Bulletin - Reporting of Herbal Medicines via Yellow Card System**  
Trust Medication Safety Bulletin re. Reporting of Herbal Medicines via Yellow Card System  
**Decision: Noted**
- **Medication Safety Bulletin - Controlled Drugs**  
Trust Medication Safety Bulletin re. Controlled Drugs  
**Decision: Noted**
- **MHRA Drug Safety Update - July 2018**  
MHRA update for July 2018  
**Decision: Noted**
- **MHRA Drug Safety Update - August 2018**  
MHRA update for August 2018  
**Decision: Noted**

**4.7 Meeting minutes for noting**



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- **Homecare medicines Group meeting - June 2018**

Minutes from Homecare medicines Group Meeting - June 2018

**Decision: Noted**

- **Medicines Safety Group Meeting - July 2018**

Minutes from Medication Safety Group Meeting - July 2018

**Decision: Noted**

**4.8 Additional papers to go to Trust patient Safety Group**

- **Quarterly Q1 2018/19 Controlled Drug Summary Report**
- **Quarterly Q1 2017/19 Controlled Drugs Accountable Officer Report**
- **Medicines Optimisation Report 2017/18**

**5. Any other business**

Nil

**6. Date of next meeting**

**Date: Monday 8<sup>th</sup> October 2018**

**Time: 8am-9am**

**Location: Board Room (CWH Site) and Meeting Room A (WMUH Site via video conferencing)**

**Closing date: 14<sup>th</sup> September 2018**