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 28th February 2022

2. Minutes and Summary Notes from last meeting

On account of the Trust response to the Covid-19 Pandemic, this meeting was held via Teams.
The minutes and summary notes of the Medicines Group Meeting held on 13th December 2021 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.

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

- **PF-07321332 150mg / Ritonavir 100mg (Paxlovid®)**

Requested by Infection Control Team for the treatment of SARS-CoV-19. Paxlovid has been recommended for early treatment of patients with COVID-19 where high-risk factors for hospitalisation are present. This therapy is recommended as first-line treatment of choice for high-risk patient groups with early COVID-19 infection. Patients requiring supplementary oxygen requirements are unlikely to benefit but may be considered for remdesivir (intravenous antiviral). Patients triaged through the Covid19 Medicines Delivery Unit (CMDU) will be offered this oral therapy if they consent and meet the national selection criteria. Additionally, a small number of hospital-onset COVID-19 cases may benefit from this treatment option.
Outcome: Approved for addition to the formulary

- **Dienogest 2mg Tablet (Zalkya®)**

Requested by Gynaecology for the suppression of endometriotic lesions both pre-surgery and long term symptom control.
The intention is that this will be reserved as a 2nd line treatment option for patients who are not suitable for COCP or who have not tolerated high dose progestins. It was noted that the submission included use up to 60 months however the Dienogest (Zalkya®) is only licensed for up to 15 months. Approval of a drug off-label falls outside the remit of the Trust Medicines Group. It was therefore agreed that use of the Dienogest (Zalkya®) should be confined to 15 months. Any use beyond 15 months would need to be the decision of the treating consultant on an individual basis.
Dienogest (Zalkya®) is not currently included on the NWL Integrated Formulary and will require a further submission of the updated application form to reflect the licensed use only of up to 15 months to request addition to the NWLIF and onward prescribing by GPs
Outcome: Approved for addition to the formulary

- **Sodium Phosphate (Fleet Phospho-soda) 24.4g/10.8g Oral Solution**

Requested by the Gastroenterology Team for administration prior to second-generation colon capsule endoscopy (CCE-2) for diagnosis gastro-neoplasia. Effective and complete bowel preparation is an important prerequisite for CCE helping to ensure conclusive imaging and smooth expulsion of the capsule.
Recommended bowel preparation regimen prior to CCE as recommended by the European Society of Gastroenterology Guidelines (2012):
2L PEG solution the evening before, and on the morning of, the procedure, before swallowing the capsule at about 10am (1L+1L split dose PEG + Ascorbate is an option for units currently using this bowel preparation for colonoscopy)

- Once capsule enters small bowel or as soon as patient has returned home, administer first booster
- Wait three hours and if capsule not excreted, administer second booster

Booster 1: Sodium phosphate (Fleet phosphosoda) 30ml with 1L water
Booster 2: Sodium phosphate (Fleet phosphosoda) 15ml with 0.5L water

As CWFT is partaking in a study relating to the feasibility of using CCE for diagnosis it was therefore agreed that Sodium phosphate would not be added to the formulary until it became CCE is approved for mainstay diagnostics. As the application has already been presented, a further presentation would not be required. Sodium phosphate would be made available in Pharmacy on a Non-formulary basis for this indication and would be switched immediately to formulary status when appropriate on the approval of CCE.
Outcome: Will be made available in Pharmacy on a non-formulary basis for requested indication, until benefits of CCE become known at which point, if approved, will be added to the formulary.

Ex-panel

- **DTaP/IPV/Hib/HepB Vaccine (Vaxelis®)**

As part of the current vaccination programme, Vaxelis® will be made available to order via ImmForm from 31st January 2022. Vaxelis® is an alternative hexavalent vaccine to Infanrix Hexa® (DTaP/IPV/Hib/HepB) for routine infant primary immunisations scheduled at 8, 12 and 16 weeks of age.
Vaxelis® protects against the same six diseases as Infanrix hexa® and has been licensed in Europe for more than five years.
Outcome: Approved for addition to the CWFT Formulary

Removals

- **Nil**

NICE Approved drug applications

- **NICE 733 - Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia**

Published by NICE on 06/10/2021.
Approved by Chair's Action on 06/01/2022
Outcome: Approved for addition to the CWFT Formulary

- **NICE TA740 - Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer**

Published by NICE on 28/10/2021
Approved by Chair's Action on 28/01/2022
Outcome: Approved for addition to the CWFT Formulary

- **NICE TA741 - Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer**

Published by NICE on 28/10/2021
Approved by Chair's Action on 28/01/2022
Outcome: Approved for addition to the CWFT Formulary

- **NICE TA756 - Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis**

Published by NICE on 16/12/2021
Outcome: Approved for addition to the CWFT Formulary

Pharmacoeconomic Board requests

- **Abatercept for Seropositive (Erosive) Rheumatoid Arthritis**

- Approved by the Pharmacoeconomic Board on 08/12/2021
- IFR - Submitted
- IFR Outcome: Still awaiting outcome
- For noting

Outcome: Noted

- **Bedaquiline for *Mycobacterium Avium* complex (MAC)**

- Approved by the Pharmacoeconomic Board on 21/12/2021

- IFR - Drafted but not yet submitted. The case is being discussed with a committee of specialists in the field for a further opinion
- IFR Outcome: TBC
- For noting

Outcome: Noted

- **Nab-paclitaxel (Weekly) for Triple Negative Breast Cancer**

- Approved by the Pharmacoeconomic Board on 17/12/2021
- IFR - Submitted
- IFR Outcome: Accepted - Funding approved
- For noting

Outcome: Noted

- **Vedolizumab for Ulcerative Colitis**

- Approved by the Pharmacoeconomic Board on 21/12/2021
- IFR - In the process of being submitted on the portal
- IFR Outcome: TBC
- For noting

Outcome: Noted

4.2 Trust Medicines Policy

- **TMP Update - Progress report - February 2022**

TMP Update - Progress report for February 2022

Outcome: Noted

- **TMP - Section 23: Methotrexate for non-cancer indications**

Routine review and update

- Update of website links
- Specification of the main clinical area where chemotherapy for cancer indications is administered via IV route
- Specification of the main clinical area where chemotherapy for cancer indications is administered via SC route
- Inclusion of methotrexate administered via IM route for Ectopic Pregnancy

Outcome: Approved

- **TMP - Audit 2021**

CWH Site

Overall, the results showed that there is excellent compliance with the aspects of the Trust Medicines Policy for the majority of standards that were assessed in this audit.

- Of the 22 standards audited, it was possible to assess compliance to 21 standards. No medication errors were observed during the audit.

- Of the 21 standards where it was possible to undertake an assessment of compliance, 95% (n=20) achieved the target score of 90% or greater compliance. A total of 17 (81%) standards scored 100% compliance.

- Of the 21 standards where variance in compliance from the 2019 audit could be assessed, the compliance either increased or remained static for 20 (95%) standards. Where the compliance remained static, 100% (n = 14) of these standards continued to have 100% compliance.

- There was 1 standard where compliance decreased marginally by 3%.

- There was one standard relating to the **documentation of missed doses** that scored less than 80% compliance. This standard was associated with an increased in compliance of 13% compared with the 2019 audit results.

Results from this audit were collated as a combined score for paper and electronic medication charts. The numbers of electronic and paper charts used in the audit was determined by the proportion of hospital beds

that operate with either electronic or paper medication charts. Migration from Lastword EPMA to Cerner EPMA took place at the CWH Site in November 2019, and as part of this transition a smaller proportion of wards now remain using paper prescriptions. In addition, electronic out-patient, discharge and chemotherapy prescriptions were included and collectively provided a very accurate representation of compliance with the Medicines Policy across the hospital site and the effect that electronic prescribing has on compliance.
Compliance to the **Prescribing** standards remains high when compared with the 2019 audit results. This is a positive outcome as it demonstrates a high level of compliance when electronic prescribing is in place and also that compliance remains high following the transition from Lastword EPMA to Cerner EPMA.

It was identified that dosage units were not written in full on two occasions on a hand-written. Assisted Conception Unit prescription. This is a pre-printed proforma which is used on the unit for documenting all out-patient prescriptions.

The patient's allergy status was found not to be documented on one prescription from NICU.

The consultant was found not to be documented on two paper prescriptions from NICU and two paper prescriptions from AEC.

All standards relating to **Controlled drugs and FP10 (HP) prescription** scored 100%.

The standard relating to the **Missed doses** scored less than 80% compliance. Missed doses are not being recorded consistently using the standard Trust codes on a number of wards. This has been a long-standing issue with low compliance to this particular standard being highlighted in previous audits undertaken. This issue is being addressed by the Trust Medication Safety Group. The compliance to this standard increased in 2019 by 11% when compared with the 2018 audit results and has increased again in the 2021 audit by 13% when compared with the 2019 audit results, which demonstrates increasing understanding of this issue amongst nursing/midwifery staff and an improvement in how missed doses are being documented.

A medication error was not identified during the undertaking of this audit at the CWH Site. It was therefore not possible to determine the compliance with the standard that was chosen to assess the reporting of **Medication errors**.

Audit actions
Update the standard prescribing proforma used for ACU prescription to include units written in full.

WMUH Site
Overall, the results show that there is good compliance with most of the aspects of the Trust Medicines Policy for the majority of standards that were assessed in this audit.

- Of the 22 standards audited, it was possible to assess compliance with 20 standards. No medication errors were observed during the audit, no issues of potassium chloride to individual patients were made.

- Of the 20 standards where it was possible to undertake an assessment of compliance, 14 (70%) scored 100% compliance, 17 (85%) achieved the target score of 90% or greater compliance. 18 (90%) standards scored 80% or greater compliance and 1 (5%) standard scored less than 80% compliance.

- Of the 20 standards where variance in compliance from the 2019 audit could be assessed, the compliance either increased or remained static for 15 (75%) standards. Where the compliance remained static, all of these standards continued to have 100% compliance.

- There were 5 standards where compliance decreased. The greatest decrease was 40% (n=1), then 20% (n=1), however for the remaining standards, the decrease did not exceed 4% (n=3).

- 1 standard scored less than 80% compliance.

  Results from this audit were collated as a combined score for paper and electronic medication charts. The numbers of electronic and paper charts used in the audit was determined by the proportion of

hospital beds that operate with electronic or paper medication charts. Implementation of Cerner EPMA took place at the WMUH Site in April 2020, and as part of this transition a small proportion of wards remain using paper prescriptions. In addition, electronic out-patient, discharge, chemotherapy and AEC prescriptions were included and collectively

Outcome: Noted

4.3 Medicines Optimisation

- **Trust Antidotes Guideline**

Updated Trust Antedote Guideline which has been approved at the EIC clinical governance board meeting on the 18/1/22.

Summary of changes:

- Updated in line with 2021 RCEM Guidance
- Formal arrangements are now in place for the supply of Category C Antidotes. Prussian Blue, Sodium Calcium Edetate, Succimer (DMSA) and Unithiol (DMPS) are held in eight holding centres as shown in the map overleaf (St Thomas's Hospital for London region), Botulinum Antitoxin and Pralidoxime are available from separate holding centres overseen by the Health Security Agency (HSA), Glucarpidase and Uridine Triacetate are supplied by WEP Clinical
- Cyanide antidotes: removal of Sodium Nitrite and Dicobalt Edetate; the recommended cyanide antidotes are Sodium Thiosulphate and Hydroxocobalamin
- Addition of Andexanet Alpha (Category B) for the reversal of anticoagulation from Apixaban or Rivaroxaban in adults with life-threatening or uncontrolled gastrointestinal bleeding
- Addition of Disodium Folinate (Category B) as an alternative to Calcium Folinate for administration of Folinic Acid in Methotrexate or Methanol poisoning
- Addition of L-Carnitine (Category B) for severe Sodium Valproate toxicity
- Addition of Viperfav (Category B) for European Adder (Vipera berus) as an alternative to ViperaTAB
- Addition of Uridine Triacetate (Category C) for severe 5-Fluorouracil or Capecitabine toxicity

Outcome: Noted

4.4 NICE Technical Appraisals and Guidance

a) NICE Technical Appraisals

9 appraisals published in December 2021

TA748 - Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders
Formulary status / Action
Nil Action - CWFT not a commissioned site

TA749 - Liraglutide for managing obesity in people aged 12 to 17 years (Terminated appraisal)
Formulary status / Action
Nil action - Terminated appraisal

TA750 - Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (Terminated appraisal)
Formulary status / Action
Nil action - Terminated appraisal

TA751 - Dupilumab for treating severe asthma with type 2 inflammation
Recommendation
Formulary status / Action
Nil Action - CWFT not a commissioned site

TA752 - Belimumab for treating active autoantibody-positive systemic lupus erythematosus
Formulary status / Action
Nil Action - CWFT not a commissioned site

TA753 - Cenobamate for treating focal onset seizures in epilepsy
Formulary status / Action
Nil Action - CWFT not a commissioned site

TA754 - Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome
Formulary status / Action
Nil Action - CWFT not a commissioned site
(Condition not treated at CWFT - Patients are referred to Cutaneous Lymphoma unit at GSTT)

TA755 - Risdiplam for treating spinal muscular atrophy
Formulary status / Action
Nil Action - CWFT not a commissioned site

TA756 - Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis
Formulary status / Action
Currently NOT included on the CWFT formulary
Date published: 16th Dec 2021
Numbers likely to treat at CWH site: 2-5 patients per year
Numbers likely to treat at WMUH site: 2-4 patients per year
Action: Add to formulary following receipt of an application from the Oncology Team by 16/03/2022 - Application form included in section 4.1

TA757 - Cabotegravir with rilpivirine for treating HIV-1
Formulary status / Action
Published: 05/01/2022
Action: Add to formulary following receipt of an application from the HIV Team by 12/4/22 (Via Clinical Directorate of HIV and GUM, Medicines Sub-Group)

TA758 - Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy
Formulary status / Action
Action:
Confirm CWFT commissioning status

TA759 - Fostamatinib for treating refractory chronic immune thrombocytopenia
Formulary status / Action
Nil action - Not recommended

b) NICE Highly Specialised Technologies
1 appraisal published since last meeting

HST16 - Givosiran for treating acute hepatic porphyria
Recommendation
Nil action - Not applicable - CWFT not commissioned

4.5 IVIG requests
IVIG Issues for November 2021 - CW Site
Outcome: Noted

IVIG Issues for November 2021 - WMUH Site
Outcome: Noted

IVIG issues for December 2021 - CWH Site
Outcome: Noted

IVIG issues for December 2021 - WMH Site
Outcome: Noted
4.6 Items for noting

- **Medication Safety Bulletin - Steroid Emergency Card**

Medication Safety Bulletin relating to Steroid Emergency Card
Outcome: Noted

- **Medication Safety Bulletin - Summary of Medication-Related Incidents - 2021**

Medication Safety Bulletin relating to Summary of Medication-Related Incidents - 2021
Outcome: Noted

- **MHRA Drug Safety Update - December 2021**

MHRA update for December 2021
Outcome: Noted

- **MHRA Drug Safety Update - January 2022**

MHRA update for January 2022
Outcome: Noted

- **MHRA Drug Safety Update - February 2022**

MHRA update for February 2022
Outcome: Noted

4.7 Meeting minutes for noting

- **Antimicrobial Stewardship Group - January 2022**

Minutes from Antimicrobial Stewardship Group meeting held January 2022
Outcome: Noted

- **Medication Safety Group meeting minutes - December 2021**

Minutes from Medical Safety Group meeting held December 2021
Outcome: Noted

- **Medication Safety Group meeting minutes - January 2022**

Minutes from Medical Safety Group meeting held January 2022
Outcome: Noted

- **Chemotherapy Service Group meeting minutes - August 2021**

Minutes from Chemotherapy Service Group meeting held August 2021
Outcome: Noted

- **Medicines Optimisation meeting actions - January 2022**

Meeting Action log following Medicines Optimisation meeting held January 2022
Outcome: Noted

- **HIV/GUM Medicines Sub-Group Meeting - February 2022**

Minutes from HIV/GUM Medicines Sub-Group meeting held February 2022
Outcome: Noted

5. Any other business

- **Nil**

6. Date of next meeting

Next meeting
Date: March/April 2022 - TBC
Time: 8am-9am
Location: via Teams