Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Group

Summary of Main Points from the Meeting held on Monday 30th January 2023

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 21st November 2022 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

- **Declaration of conflicts of interest by Group members**

Declaration of any conflicts of interest by any Group members - Nil

- **Formulary applications**

Full Applications

- **Indocyanine Green 25mg Injection (Verdye®)**

Requested by: Ophthalmology Department
Indication: Ophthalmic Angiography
Proposal: Add to the formulary to have available for the above procedure
ICG angiography in ophthalmic practice is a well-established investigation. It is performed at the same time as fluorescein angiography when more information is sought about the choroidal circulation which lies deep to the retina. Fluorescein angiography is more commonly performed to view the retinal circulation in detail. There are however an increasing number of diseases of the retina thought to have their origins in the choroidal circulation. ICG angiography is used in the investigation of posterior uveitis, chronic central serous retinopathy and certain forms of macular degeneration.
Making ICG available for use in the eye clinic at Chelsea and Westminster Hospital will be a valuable adjunct to fluorescein angiography in certain cases, helping with diagnostic accuracy and better treatment plans.
Included on the London Ophthalmology Formulary for requested indication.
Cost: £104 per 25mg vial
Notes: Likely to treat 6 patients per year at CWH Site (Ophthalmology service not offered at WMUH site).

Requested by: Colorectal Department
Indication: Visualization of micro- and macro-vasculature, blood flow, and tissue perfusion as part of intraoperative assessment of mesenteric blood flow in laparoscopic and robotic colorectal surgery
Cost: £104 per 25mg vial
Notes: Likely to treat 300 patients per year at CWH Site and 10 patients at WMUH Site

Requested by: Gynaecology
Indication: Visualization of micro- and macro-vasculature, blood flow, and tissue perfusion as part of intraoperative assessment of mesenteric blood flow in laparoscopic and robotic colorectal surgery
ICG safety and efficacy in pelvic lymph node dissection is well established. Use in Endometriosis resection including colorectal anastamosis is routinely used in most large academic endometriosis centres and evidence of benefit and safety is clear. Finally, its use in ureteric identification in radical robotic pelvic surgeries (for both gynaecological tract and colorectal tumours) has been demonstrated safely.
Cost: £104 per 25mg vial
Notes: Likely to treat 60 patients per year across both hospital sites.

Outcome: Approved for addition to the Trust Formulary

Ex-panel

- Trimbow (Beclometasone dipropionate 88mcg/ Formoterol fumarate dehydrate 5mcg/ Glycopyrronium bromide 9mcg) Nexthaler (Dry Power Inhaler)

Requested by Respiratory Medicine
Proposal: Add to the formulary to provide more choice for patients and supports reduced use of MDI use which is associated with higher carbon footprint.
Notes: Recently added to the NWL formulary for GPS to prescribed in NWL
Trimbow Nexthaler has 88micrograms of beclometasone dipropionate and the Trimbow MDI has 87micrograms of beclometasone dipropionate (other constituents are the same).
Cost implications: Same price as Trimbow MDI.
Outcome: Approved for addition to the Trust Formulary

- **Somatropin (Genotropin MiniQuick) 0.4mg, 0.6mg, 1mg, 1.2mg, 1.4mg, 1.6mg and 1.8mg Injection**

Requested by Paediatrics
Proposal: Add additional strengths to the formulary: 0.4mg, 0.6mg, 1mg, 1.2mg, 1.4mg, 1.6mg and 1.8mg
Currently on the formulary: 0.2mg and 0.8mg Injection
Noted; Add additional strengths to the formulary will avoid patients needing to inject twice to receive the dose prescribed. These are pre-filled disposable device
Cost implication: Cost of these additional strengths is the same as the strengths currently on the formulary on a cost per mg basis.
Outcome: Approved for addition to the Trust Formulary

- **Midazolam 5mg/ml (Miprosed®) Oral Liquid**

Requested by Paediatrics
Proposal: Switch **from** using unlicensed Amsed® Brand (2.5mg/ml) oral liquid (100ml) to using licensed Miprosed® Brand (5mg/ml) oral liquid (7.5ml single-use bottles).
This switch ensures the Trust is using a licensed product where one is now available
Cost impact: Amsed® Brand: £183 per bottle / £0.73/mg. Miprosed® Brand: £21 per bottle / £0.56/mg. Likely to administer approx. 50 doses per month. If used as a single-use bottle - cost impact: Approx. £500 per month cost increase
(Doses vary from 10-20mg. If giving 15mg doses - 1 Amsed bottle provided up to 16 doses at £183. If switching to single-use bottles the cost for 16 doses = £336. If using bottle for multi-dose administration = £134).

Additional approval being sought from TMG (incl. Trust CD AO) to:
- Use as a multi-use bottle to support cost efficiency.
- Undertake destruction of the remaining volume in the last open bottle at ward level at the end of each daily shift to support safe destruction. There will be associated with a reduced risk of misappropriation if bottles are multi-use.
  Note: Risk assessment to follow on approval being granted in principle.

Risk assessment to be submitted for review for further consideration of approving the use of the single-use bottle for multiple patient use.
Further consideration is required of the request for destruction of the remaining liquid at department level.

Removals

- **Nil**

NICE Approved drug applications

- **TA828 Ozanimod for treating moderately to severely active Ulcerative Colitis (05/10/2022)**
  Approved by Chair's Action on 06/01/2023
  Outcome: Approved for addition to the Trust Formulary for use in line with NICE TA828

- **TA831 Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer (05/10/2022)**
  Outcome: Approved for addition to the Trust Formulary for use in line with NICE TA831

- **TA833 Zanubrutinib for treating Waldenstrom's macroglobulinaemia (19/10/2022)**
  Outcome: Approved for addition to the Trust Formulary for use in line with NICE TA833

- **TA835 Fostamatinib for treating refractory chronic immune thrombocytopenia (19/10/2022)**
  Outcome: Approved for addition to the Trust Formulary for use in line with NICE TA835

- **NICE TA853 Avatrombopag for treating primary chronic immune thrombocytopenia (15/12/2022)**
  Outcome: Approved for addition to the Trust Formulary for use in line with NICE TA853

- **NICE TATBC - Regorafenib for treating metastatic colorectalcancer in adults who have had previous treatment (including fluoropyrimidine-based chemotherapy, anti-VEGF therapy and an anti-EGFR therapy) or when these treatments are unsuitable (Due 08/02/2023)**
  Outcome: Approved for addition to the Trust Formulary for use in line with new NICE TA when published.

Pharmacoeconomic Board

- **Nil**

Other

UMP approval

- **Uromune® Spray UMP**

Unlicensed Medicinal Product
Requested by Microbiology on behalf of the Urology Team
Indication: Complex recurrent UTI patients.
This is unlicensed within the UK but imported from Spain (where it is licensed).
Notes: Likely to treat about 15 patients per year
Cost implications: Costs approximately £340 for a 3-month
Treatment. Expected annual drug costs are <£5k per annum and this will be under the local Urology budget.
Has emerging evidence base (Nil robust RCT but some promising work to date).
Outcome: noted

4.2 Trust Medicines Policy

- **TMP Section 20 - Admission and Discharge**

Routine review and update

- Updated in line with Cerner EPR
- Removal of section relating to Lithium
- Updated section re anticoagulants
- Additional of a section relating to Virtual Wards
- New section on Discharge Medicines Service
- Update of references

Outcome: Approved

- **TMP Section 17 - Homecare Medications**

Routine review and update

- Updated for Lastword to Cerner migration
- Update for JAC to Wellsky name change
- Removal of the Trust Medicines Homecare Group Terms of Reference
- Removal of Trust Nursing Lead, Medical and Finance Lead for Homecare

Outcome: Approved

- **TMP Section 7 - Unlicensed Medicinal Products**

Scheduled review and update.

- Updated to reflect the new Quality Assurance procedures and to include CW medicines as outsourced outpatients.
- References to EMA as a licencing body in the UK removed post EU exit
- Details of annual unlicensed medicines audit included
- Further details added on moving from an unlicensed to licenced medicinal product.
- Updated to include risk assessment of Category A UMPs in line with 'Labelling & Packaging of Unlicensed Specials Medicine: Best Practice Guidance for the NHS'
- Emergency Quality Assurance Release Form added as Appendix 7.7

Outcome: Approved

4.3 Medicines Optimisation

Cannabis-based products for medicinal use: Patient Registry letter

Since 1 April 2021, a patient registry for those people prescribed licensed or unlicensed cannabis-based products for medicinal use (CBPMs) has been established.
From 1 April 2022, there has been a mandatory reporting requirement as set out in all direct commissioning contracts for 2022/23 to complete the patient registry. We are asking for your support in making sure that relevant clinical teams within your trust who may be involved in the prescribing of licensed and unlicensed CBPMs are aware of this requirement. We ask that teams start to take the necessary action as soon as possible to ensure relevant entries are made in the registry.

To support the effective implementation of the registry, NHS trusts should ensure that:

- all clinicians involved in the prescribing and use of cannabis-based medicinal products (e.g. Neurology clinicians) as well as controlled drugs accountable officers (CDAOs) are aware of this upcoming requirement
- lead clinicians contact Arden and GEM CSU (e-mail: agem.apps@england.nhs.uk) for training and technical support on using the registry
- all prescribers issuing prescriptions for CBPMs make relevant register entries and keep them up to date as soon as possible after prescriptions are issued.

Update:
Only Sativex® and Nabilone® issued in CWFT Trust
Currently there are 8 consultant cost centres to which of Sativex® and Nabilone® has been issued from Pharmacy.
Currently following up with relevant Lead Directorate Pharmacist to check registration status for all prescribers of Cannabis-based products. To being report to next TMG meeting for assurance of registration.
Outcome: Noted

4.4 NICE Technical Appraisals and Guidance

a) NICE Technology Appraisals between end October 2022 to end January 2023

19 TA appraisals published between end October 2022 to end January 2023

TA836 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (26/10/2022)
Formulary status / Action
Included on the formulary for different indication
Numbers likely to treat:
CWH: 0
WMUH: 4-5 patients per year

TA837 Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma (26/10/2022)
Formulary status / Action
Included on the formulary for different indication
Numbers likely to treat:
CWH: 3 patients per year
WMUH: N/A

TA838 Slow-release potassium bicarbonate–potassium citrate for treating distal renal tubular acidosis (terminated appraisal) (02/11/2022)
Nil - Terminated appraisal

TA839 Ruxolitinib for treating acute graft versus host disease refractory to corticosteroids (16/11/2022)
Nil - Terminated appraisal

TA840 Ruxolitinib for treating chronic graft versus host disease refractory to corticosteroids (16/11/2022)
Nil - Terminated appraisal

TA841 Carfilzomib with daratumumab and dexamethasone for treating relapsed or refractory multiple myeloma (22/11/2022)
Nil - Terminated appraisal

TA842 Tisagenlecleucel for treating follicular lymphoma after 2 or more therapies (22/11/2022)
Nil - Terminated appraisal

TA843 Luspatercept for treating anaemia caused by beta-thalassaemia (24/11/2022)
Nil - Terminated appraisal

TA844 Luspatercept for treating anaemia caused by beta-thalassaemia (24/11/2022)
Nil - Terminated appraisal

TA845 Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (29/11/2022)
Nil - Terminated appraisal

TA846 Mepolizumab for treating severe hypereosinophilic syndrome (29/11/2022)
Nil - Terminated appraisal

TA847 Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (29/11/2022)
Nil -Terminated appraisal

TA848 Cemiplimab for untreated PD-L1-positive advanced or metastatic non-small-cell lung cancer (01/12/2022)
Nil - Terminated appraisal

TA849 Cabozantinib for previously treated advanced hepatocellular carcinoma (14/12/2022)
Formulary status / Action
Nil action - Not application to CWFT

TA850 Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy (14/12/2022)
Formulary status / Action
Nil action - Not recommended

TA851 Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer (14/12/2022)
Formulary status / Action
Included on the formulary for different indication
Numbers likely to treat:
CWH: N/A
WMUH: 20-25 patients per year
TA852 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments (14/12/2022)
Formulary status / Action
Nil action - Not applicable to CWFT

TA853 Avatrombopag for treating primary chronic immune thrombocytopenia (15/12/2022)
Formulary status / Action
Not included on the formulary
Action: Add to the formulary following receipt of an application form from Haematology
Application form included in Section 4.1

TA854 Esketamine nasal spray for treatment-resistant depression (14/12/2022)
Formulary status / Action
Nil action - Not recommended

b) NICE Highly Specialised Technology Appraisals published between end October 2022 to end January 2023

0 HST appraisal published between end October 2022 to end January 2023

4.5 IVIG requests

- **IVIG Issues for October 2022 - CWH Site**

There were 11 IVIG issues in October 2022, with 5 new requests
Outcome: Noted

- **IVIG Issues for October 2022 - WMUH Site**

There were 14 IVIG issues in October 2022, with 8 new requests
Outcome: Noted

- **IVIG issues for November 2022 - CWH Site**

There were 10 IVIG issues in November 2022, with 6 new requests:
Outcome: Noted

- **IVIG issues for November 2022- WMH Site**

There were 10 IVIG issues in November 2022, with 4 new requests:
Outcome: Noted

4.6 Items for noting

- **Quarterly Controlled Drug Summary Report - Q2 2022/23**

Quarterly Controlled Drug Summary Report for Q2 2022/23
Outcome: Noted

- **Quarterly Controlled Drugs Accountable Officer Report - Q2 2022/23**

Quarterly CD Accountable Officer Report for Q2 2022/23
Outcome: Noted

- **Medication Safety Bulletin - Medication Interactions**

Medication Safety Bulletin relating to Medication Interactions
Outcome: Noted

- **Medication Safety Bulletin - Aminoglycosides**

Medication Safety Bulletin relating to Aminoglycosides
Outcome: Noted

- **MHRA Drug Safety Update - November 2022**

MHRA update for November 2022
Outcome: Noted

- **MHRA Drug Safety Update - December 2022**

MHRA update for December 2022
Outcome: Noted

- **MHRA Drug Safety Update - January 2023**

MHRA update for January 2023
Outcome: Noted

4.7 Meeting minutes for noting

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

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

5. Any other business
Nil

6. Date of next meeting
Next meeting
Date
March TBC
Time: 8am-9am
Location: via Teams