



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

## Summary of Main Points from the Meeting held on Monday 9th April 2018 - Draft

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

The Minutes and Summary notes from the 12<sup>th</sup> March 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** 

## Methoxyflurane 99.9% 3 mL liquid inhalation vapour (Penthrox<sup>®</sup>) (Galen)

Requested by the Burns Team for the relief of acute pain due to dressing changes. Penthrox is licensed for the emergency relief of moderate to severe pain in conscious adult patients with trauma and associated pain. The intention is that Penthrox will replace inhaled nitrous oxide and reduce the use of opioid analgesics. Penthrox will also allow relatively faster discharge of patients and associated cost savings. This is intended for out-patient use.

This application has been submitted following the undertaking of an informal trial undertaken on the Burns Unit involving FOC stock provided by the manufacturer administered to 19 patients.

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

## Ex-panel

## Doxepin 50mg Capsules

25mg capsules are currently included on the formulary.

The maintenance dose for Doxepin is 25mg - 300mg. There are a number of patients at WMUH site who are prescribed 50mg TDS. It is more convenient for these patients to take 3 capsules per day rather than 6. It is also more cost effective to provide 50mg capsules rather than 25mg capsules.

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

#### Gelclair Oral Gel

Gelclair oral gel has been shown to reduce the pain of oral conditions in adults following cancer therapy (Berndtson, 2001) and in palliative care (Innocenti et al, 2002). It was the focus of a preliminary clinical study that GOSH was involved in (study results awaiting publication). It is also being prescribed for children with oral pain after chemotherapy and bone marrow transplant within the Children's Cancer Unit at GOSH. Gelclair oral gel is accepted as a Class 1 device as it is not pharmacologically active within the EU and by the MHRA and is listed in the Drug Tariff Part IXA appliances as an oral film-forming agent. There is currently very high usage at CWH site. Highlighted by a formulary review undertaken as part of the Cerner project **Decision: Approved for addition to the formulary** 

## • High use Dermatology Products

PIGMANORM CREAM - Used now instead of DEPIGMENTING HRH CUTANEOUS SOLUTION for Vitaligo and Melasma

SILICONE (DERMATIX) GEL - Dressing supplied from Pharmacy for Keloid scarring SILICONE (KELO-COTE) GEL - Dressing supplied from pharmacy for Keloid scarring DIPROSONE 0.05% OINTMENT - Topical steroid – this is not on NWL formulary Highlighted by a formulary review undertaken as part of the Cerner project

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

#### Removals

#### Low use Dermatology Products

Proposal to remove the following items from the formulary where there is very low usage: SALICYLIC ACID 2% IN AQUEOUS CREAM





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SALICYLIC ACID 4% IN AQUEOUS CREAM BENZOYL PEROXIDE 2.5% GEL CALCIPOTRIOL 50MCG/G CREAM CICATRIN POWDER (Neomycin) CLOTRIMAZOLE 1% DUSTING POWDER COAL TAR (CRUDE) 10% IN WSP COAL TAR (CRUDE) 5% IN WSP COAL TAR (SOLUTION) 3% IN WSP DEPIGMENTING HRH CUTANEOUS SOLUTION DERMALO BATH EMOLLIENT PROPYLENE GLYCOL 40% IN UNG MERCK PSORIN 1% SCALP GEL

**PSORIN OINTMENT** 

Highlighted by a formulary review undertaken as part of the Cerner project

Decision: Approved for removal from the formulary

#### Doxepin 10mg Capsules

Discontinued by the manufacturer

Decision: Approved for removal from the formulary

#### • Diclofenac 50mg Dispersible Tablets

Discontinued by the manufacturer

Decision: Approved for removal from the formulary

## Peginterferon alfa 2a 135mcg Pre-filled Syringe (Pegasys)

Discontinued by the manufacturer

Decision: Approved for removal from the formulary

## Peginterferon alfa 2a 180mcg Pre-filled Syringe (Pegasys)

Discontinued by the manufacturer

Decision: Approved for removal from the formulary

## Daclizumab 150mg Pre-filled Syringe (Zinbryta<sup>®</sup>)

The European Medicines Agency (EMA) has recommended the immediate suspension of the marketing authorisation and recall of Daclizumab (Zinbryta) in the EU following reports of serious inflammatory brain disorders, including Encephalitis and Meningoencephalitis, in patients with Multiple Sclerosis

Decision: Approved for removal from the formulary

## NHS England Consultation re. Items which should not routinely be prescribed in Primary Care

Proposal to remove the following medicines from the formulary following the publication of the NHS England Consultation re. Items which should not routinely be prescribed in Primary Care

- Dosulepin 25mg Capsules
- Dosulepin 75mg Tablets
- Omega-3 Fatty Acids Capsules
- Trimipramine 25mg Tablets
- Trimipramine 50mg Capsules

Decision: Approved for removal from the formulary

## NICE Approved drug applications

• TA498 - Lenvatinib with everolimus for previously treated advanced





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#### renal cell carcinoma

Application form for NICE approved drug approved by NICE in February 2018

Decision: Approved for addition to the formulary

## TA500 - Ceritinib for untreated ALK-positive non-small-cell lung cancer

Application form for NICE approved drug approved by NICE in February 2018

Decision: Approved for addition to the formulary

## TA505 - Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

Application form for NICE approved drug approved by NICE in February 2018

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

#### Pharmacoeconomic Board requests

## Rituximab for Opsoclonus Myoclonus Syndrome

Request to Pharmacoeconomic Board which was approved on 07/03/2018.

**Decision: Noted** 

## Eltrombopag for Thrombocytopenia

Request to Pharmacoeconomic Board which was approved on 22/03/2018.

**Decision: Noted** 

## **4.2 Trust Medicines Policy**

Nil

## 4.3 Medicines Optimisation

## Contrast Medical Vial Sharing - Risk Assessments

Deferred to next month as the presenter did not attend at the meeting

Decision: Deferred to next month

#### Accessible Information Standard: Pharmacy Guideline for Medicines Information Provision

This is a new policy that was presented for approval. The Trust is required to make reasonable adjustments to services for people with learning difficulties and also those who may be sight impaired, or audio impaired. This is the Pharmacy related policy that details the medicine related adjustments. This policy details how to provide medicines related information to patients via the use of braile, large font, hearing loop or easy read formatting. It explains how to identify patients on Lastword (at CXWH site) who have visual or hearing impairment or learning difficulties.

This policy provides details of how to contact RNIB for leaflets that need to be translated. Although this guideline is for pharmacy staff, it can be shared Trustwide as it highlights the Pharmacy resources available in the Trust to meet this standard and other departments will be required to do similar. This policy has been discussed with the Trust Quality Impact Group. The easy read leaflet has been approved by the Trust Information Leaflet Group.

**Decision: Approved** 

## 4.4 NICE Technical Appraisals and Guidance

**NICE Technical Appraisals** 

7 Appraisals were published in March 2018





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TA508 - Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee

Formulary status / Action

N/A - This is a procedure. No impact on formulary. We are not set up currently to provide this procedure at this trust.

TA509 - Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer Formulary status / Action

Oncologists to provide number of patients that will be treated. Application not required. Currently included on the formulary

TA510 - Daratumumab monotherapy for treating relapsed and refractory multiple myeloma Formulary status / Action

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

TA511 - Brodalumab for treating moderate to severe plaque psoriasis

Formulary status / Action

Was approved for use as part of an EAS in December 2017.

Add to the formulary following receipt of a signed application form from the Dermatology Team

TA512 - Tivozanib for treating advanced renal cell carcinoma

Formulary status / Action

NHS England will only commission this for a few specialist centres. C&W has not been declared a specialist centre. Currently being queried with NHSE.

TA513 - Obinutuzumab for untreated advanced follicular lymphoma

Formulary status / Action

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

TA514 - Regorafenib for previously treated advanced hepatocellular carcinoma

Formulary status / Action

Nil - Not recommended

## 4.5 IVIG Update

IVIG requests

March 2018

**CWH Site** 

There were 22 IVIG issues, with 6 new requests

#### **WMUH Site**

There were 17 IVIG issues, with 2 new requests

**Decision: Approved** 

## 4.6 Items for noting

## NHS England: Immunoglobulin IV availability

Letter from NHS England re Immunoglobulin IV availability. It was noted that for ITP a Single dose is recommended only. It was also noted that Public Health England recommend IVIg for Tetanus, which is not in the National IVIg Guidelines.

**Decision: Noted** 

#### EMA: New measures to avoid valproate exposure in pregnancy

Letter from EMA re New measures to avoid valproate exposure in pregnancy. Bulletin re-enforcing this is currently being drafted by the Medication Safety Group.

**Decision: Noted** 

NHS England: Principles for shared care between primary and secondary care/tertiary care





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Letter from NHS England re Principles for shared care between primary and secondary care/tertiary care. This guidance outlines when GPs will take responsibility of ongoing prescribing. It discusses the support that needs to be in place for a GP that may not feel confident to take responsibility or if a GP is not up -to-date with the concerned medication. There is a need to review the current contract with NWL and for CCGs to review this guidance and what changes, if any, need to be made to the relevant procedures. The guidance also provides a template for drafting shared care guidance.

**Decision: Noted** 

• Trust Patient Safety Group Report - April 2018
Report submitted to Patient Safety Group for April 2018

**Decision: Noted** 

• CPP Report - March 2018 CPP report for March 2018

**Decision: Noted** 

Patient Group Directions

Patient Group Direction Trackers for CWH and WMUH

**Decision: Noted** 

Medicines Safety Bulletin (Issue 2)

Medicines Safety Bulletin re Similar Sounding Drugs

**Decision: Noted** 

• MHRA Drug Safety Update - March 2018

MHRA update for March 2018

**Decision: Noted** 

## 4.7 Meeting minutes for noting

Medication Safety Group Meeting - January 2018

Minutes from Medication Safety Group Meeting - January 2018

**Decision: Noted** 

Chemotherapy Service Group (CSG) - January 2018

Minutes from Chemotherapy Service Group (CSG) - January 2018

**Decision: 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** 

Date: Monday 14th May 2018

Time: 8am-9am

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

Closing date: 20<sup>th</sup> April 2018