



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

### Summary of Main Points from the Meeting held on Monday 12<sup>th</sup> July 2021

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

On account of the Trust response to the Covid-19 Pandemic, this meeting was held via Zoom. The minutes and summary notes of the Medicines Group Meeting held on 9<sup>th</sup> November 2020 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.

On account of the 2<sup>nd</sup> wave Covid-19 Pandemic and the need to suspend meetings for an appreciable length of time - all requests were reviewed and granted Chair's action and noted retrospectively at this meeting.

#### 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*

- **Cefiderocol (Fetcroja<sup>®</sup>) 1g powder for concentrate for solution for infusion**

Requested by Microbiology to be added to the CWFT formulary to be prescribed only on the advice of a Microbiology Consultant for patients with invasive bacterial infection due to multi-drug resistant (MDR) aerobic Gram-Negative organisms when no licensed alternative treatment options are available. Currently no licensed therapies exist for these MDR pathogens and it is proposed that Cefiderocol should be reserved only for these cases.

**Approved for addition to the formulary**

- **Semaglutide 3mg, 7mg and 14mg Tablets (Rybelsus<sup>®</sup>)**

Requested by the Endocrine Team to be added to the CWFT Formulary for the management of patients with Type 2 Diabetes inadequately controlled with other anti-diabetic treatments.

This is an oral formulation of the injectable preparation of Semaglutide that is already in the formulary.

A Type 2 Diabetes Management Algorithm has also been submitted to support this application. This has recently been added to the NWL integrated Formulary.

**Approved for addition to the formulary**

##### *Ex-panel*

- **Astra Zeneca COVID-19 (ChAdOx1 S [recombinant]) Vaccine**

Requested for vaccination of Trust staff against Covid-19. This has been used for vaccinating allergic staff, HIV and oncology patients as part of the Covid-19 vaccination programme.

**Approved for addition to the formulary**

- **Moderna COVID-19 Vaccine**

Requested for vaccination of Trust staff against Covid-19. Not intended to be used at present but for completeness this has been added to the formulary.

**Approved for addition to the formulary**

#### **Buprenorphine 15mcg/hr Patches**

Request from Pharmacy for addition of Buprenorphine 15mcg patch to the formulary

Current formulary options:

- Buprenorphine 5mcg/hr patch (BuTrans<sup>®</sup>)



- Buprenorphine 10mcg/hr patch (BuTrans<sup>®</sup>)
- Buprenorphine 20mcg/hr patch (BuTrans<sup>®</sup>)
- Buprenorphine 35mcg/hr patch (BuTrans<sup>®</sup>)
- Buprenorphine 52.5mcg/hr patch (BuTrans<sup>®</sup>)

Proposed addition:

- Buprenorphine 15mcg/hr patch (BuTrans<sup>®</sup>)

**Approved for addition to the formulary**

### **Removals**

**Nil**

### **NICE Approved drug applications**

- **TA660 - Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer**

Approved by NICE in November 2020

**Approved by Chair's action**

**Outcome: Noted**

- **TA672 - Brolucizumab for treating wet age-related macular degeneration**

Approved by NICE in February 2021

**Approved by Chair's action**

**Outcome: Noted**

- **TA685 - Anakinra for treating Still's Disease**

Approved by NICE in March 2021

**Approved by Chair's action**

**Outcome: Noted**

- **TA689 - Acalabrutinib for treating chronic lymphocytic leukaemia**

Approved by NICE in April 2021

**Approved by Chair's action**

**Outcome: Noted**

- **TA694 - Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia**

Approved by NICE in April 2021

**Approved by Chair's action**

**Outcome: Noted**

- **TA697 - Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban**

Approved by NICE in May 2021

**Approved by Chair's action**

**Outcome: Noted**

**Approved by Chair's action - For noting only**

- **TA704 - Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies**

Approved by NICE in May 2021

**Approved by Chair's action**

**Outcome: Noted**

### **Pharmacoeconomic Board requests**

- **Anakinra for Haemophagocytic Lymphohistiocytosis (HLH)**

Approved by the Pharmacoeconomic Board on 29/06/2021



**Approved by Pharmacoeconomic Board**  
**Outcome: Noted**

**Other**

- **Palbociclib FOC Supply**

Request for compassionate supply for Palbociclib for Metastatic HER2 Negative Breast Cancer for a patient who was not eligible for treatment via CDF

**Approved by Pharmacoeconomic Board**  
**Outcome: Noted**

**Additional item noted**

- **Balantamab FOC Supply**

Request for compassionate supply for Balantamab for a patient with Multiple Myeloma

**Approved by Pharmacoeconomic Board**  
**Outcome: Noted**

**4.2 Trust Medicines Policy**

- **Update to expiry dates for the Trust Medicines Policy**

Update to the expiry dates of 11 sections of the Trust Medicines Policy. Plan for update noted

**Outcome: Noted**

- **TMP - Section 4: Storage of Medicines**

Additional section and appendix added to Section 4: Storage of Medicines re temperature monitoring of warming cabinets

Additional amendments requested to be made by DL:

- Where the treatment room is used solely for medicines storage and preparation the requirement for locking apply. Where the treatment room is used in addition for patient consultation/treatment then the requirement for locking does not apply.
- Where antidotes are stocked in a given clinical area, these must be segregated.
- Look-alike medicines stocked in clinical area, must be segregated

**Outcome: Approved**

- **TMP - Section 13 - Medicines related incidents**

Changes made from the previous version include:

- Addition of referenced guidelines/policies

**Outcome: Approved**

- **TMP - Section: 14. Reporting adverse drug reactions and clinical incidents**

Changes made from the previous version include:

- Addition of referenced guidelines/policies
- Rewrite of ADR definition with inclusion of Type A and Type B reactions
- Inclusion of guidance on what and how to report ADRs
- Inclusion of information pertaining to the outcome of an ADR report when submitted to the MHRA
- Update of contact details for reporting ADRs externally

**Outcome: Approved**

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

Scheduled review and update:

- Addition of therapeutic Radiographers to the policy
- Movement of the references to the end of the policy
- Addition of role of Designated Prescribing Practitioners to replace DMPs
- Addition of responsibilities of the Pharmacy Trust NMP Lead
- Update to eligibility criteria in line with national guidance



- Update to CDs that can be prescribed by NMPs
- Update to use of Cerner EPR

**Outcome: Approved**

- **TMP - Section 26 - Critical list of omitted and delayed medicines**

- Changes made from the previous version include:
  - Update to definitions for omission and delay
  - Antibiotics - 1st dose to be administered within 1hr of sepsis presentation as per NICE
  - Levodopa-containing medicines - Doses to be administered within 30 minutes
  - Inclusion of medicine examples for neuromuscular disorders and Anaphylaxis/Resuscitation
  - Addition of pulmonary surfactants
  - IVIG - specified as 'Human normal IVIG'
  - Opioids specified as regular

**Outcome: Approved**

- **TMP - Section 36 - Equality Impact Assessment**

Scheduled review and update

Aims and purpose updated in line with TMP - Section 1 (Introduction)

**Outcome: Approved**

- **Proposed changes to TMP Sections 8 and 17 - In light of NA and ANA role development - Updated proposal**

This document details the proposed changes to the Trust Medicines Policy in light of new Standards of Proficiency for Nursing Associates recently published by the Nursing and Midwifery Council (NMC). These are further changes that are required to be made to the Trust Medicines Policy in light of the development of this new role.

Proposed changes to practice and thus policy:

- NAs may administer via the IV route in the following circumstances:
  - IV fluids (Change-over of infusion bags)
  - IV antibiotics
  - All IV medicines in Critical Care areas e.g. Apollo, NICU, ICUs, RNAs following completion of in-house training and passing of competency assessment
- NAs may provide a second check for those medicines permitted to administer
- ANAs may provide a second check of the following medications direct supervision of a registered Nurse/Midwife or doctor:
  - Medication via oral, topical and inhalation routes
  - Injections using subcutaneous and intramuscular routes
  - Medications using enteral equipment
  - Enemas and suppositories

**Outcome: Approved**

- **Trust Medicines Policy Audit 2021**

Plan for the Trust Medicines Policy Audit 2021

**Outcome: Noted**

- **Update to Trust Adult IV administration Guide**

Carbetocin - New monograph for approval

Update in the wording relating to always flushing giving sets with 50ml Sodium Chloride 0.9% due to varying volume of giving sets that are being used in the Trust, as agreed by IV Task Group.

**Outcome: Approved**

- **Update to Trust paediatric & Neonatal IV Administration Guide**

Full review and update undertaken - Version 4



**Outcome: Approved**

#### **4.3 Medicines Optimisation**

- **Acute Alcohol Withdrawal Treatment Guidelines**

Updated guideline on the management of Acute Alcohol Withdrawal.

Updates include:

- Redesign of the summary flowchart and minor formatting changes
- Oxazepam chosen as the preferred first line benzodiazepine for use in patients with liver impairment
- Examples of chlordiazepoxide fixed reducing regimens included
- Inclusion of the warning: "**It is mandatory that Pabrinex is given before intravenous administration of glucose when a diagnosis of WE is suspected**, because glucose alone can precipitate the disorder in thiamine-deficient individuals."
- Update to management of alcohol withdrawal seizures in line with Trust Status Epilepticus guideline

**Outcome: Approved**

- **Consultation: Developing, implementing and updating the pan-London Formulary**

Consultation document on the development, implementation and update of a Pan-London Formulary

**Outcome: Noted**

- **Enoxaparin brand switch**

Memo relating to the Trust-wide switch from Clexane® of Enoxaparin to Inhixa® brand which took place from the beginning of May 2021

**Outcome: Noted**

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

##### **a) NICE Technical Appraisals**

**4 more appraisals published in March 2021**

**7 appraisals published in April 2021**

**9 appraisals published in May 2021**

**7 appraisals published in June 2021**

**TA685 - Anakinra for treating Still's disease**

**Formulary status / Action**

**Action: Add to the formulary following receipt of a signed application form from the Rheumatology Team - See Section 4.1**

**TA686 - Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia**

**Formulary status / Action**

**Nil - Terminated appraisal**

**TA687 - Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy**

**Formulary status / Action**

**Currently included on the CWFT formulary**

**Numbers likely to treat at CWH site: 0 patients per year; condition not treated at CWH site**

**Numbers likely to treat at WMUH site: 10 patients per year**

**TA688 - Selective internal radiation therapies for treating hepatocellular carcinoma**

**Formulary status / Action**

**Nil action - Not classified as a drug treatment.**

**TA689 - Acalabrutinib for treating chronic lymphocytic leukaemia**

**Formulary status / Action**

**Action: Add to the formulary following receipt of a signed application form from the Haematology Team - See Section 4.1**



**TA690 - Teduglutide for treating short bowel syndrome**  
Formulary status / Action  
Nil - Terminated appraisal

**TA691 - Avelumab for untreated metastatic Merkel cell carcinoma**  
Formulary status / Action  
Currently included on the CWFT formulary  
Numbers likely to treat at CWH site: 1 patient per year  
Numbers likely to treat at WMUH site: 0 patients per year

**TA692 - Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy**  
Formulary status / Action  
Nil - Not recommended

**TA693 - Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer**  
Formulary status / Action  
Nil action - Not applicable - Condition not treated at CWH and WMUH site

**TA694 - Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia**  
Formulary status / Action  
Ezetimibe is currently included on the CWFT formulary  
Bempedoic acid is currently not included on the CWFT formulary  
Action: Add Bempedoic acid to the formulary following receipt of a signed application form from the Endocrinology Team - See Section 4.1.

**TA695 - Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma**  
Formulary status / Action  
Currently included on the CWFT formulary  
Numbers likely to treat at CWH site: 3 patients per year  
Numbers likely to treat at WMUH site: 3 patients per year

**TA696 - Tafamidis for treating transthyretin amyloidosis with cardiomyopathy**  
Formulary status / Action  
Nil action - Not recommended

**TA697 - Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban**  
Formulary status / Action  
Action: Add to the formulary following receipt of a signed application form from the Haematology Team - See Section 4.1

**TA698 - Ravulizumab for treating paroxysmal nocturnal haemoglobinuria**  
Formulary status / Action  
Nil action - Not applicable - CWFT not commissioned

**TA699 - Ofatumumab for treating relapsing multiple sclerosis**  
Formulary status / Action  
CWFT is not a commissioned site

**Action: This is to be followed-up with NHS England as CWH has a SLA with Imperial who is a commissioned site for MS.**

(Update 24/06 - CWFT are waiting for Imperial College Hospital to add Ofatumumab to the SLA with them to document they will retain the overarching governance of the prescribing of Ofatumumab to enable us to prescribe it as a spoke centre. Once this is in place and NHSE enable the Blueteq form, once satisfied, CWFT can add it to the formulary)

**TA700 - Selinexor with low-dose dexamethasone for treating refractory multiple myeloma**



**Formulary status / Action**  
Nil - Terminated appraisal

**TA701 - Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older**  
**Formulary status / Action**  
Nil - Terminated appraisal

**TA702 - Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma**  
**Formulary status / Action**  
Nil - Terminated appraisal

**TA703 - Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia**  
**Formulary status / Action**  
Nil - Terminated appraisal

**TA704 - Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies**  
**Formulary status / Action**  
Signed application received from the Oncology Team and added to the formulary.  
*Approved by Chair's action on 17/06/2021 - For noting only*

**TA705 - Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer**  
**Formulary status / Action**  
Currently included on the CWFT formulary  
Numbers likely to treat at CWH site: 5-10 patients per year  
Numbers likely to treat at WMUH site: 0 patients per year; condition not treated at WMUH site

**TA706 - Ozanimod for treating relapsing–remitting multiple sclerosis**  
**Formulary status / Action**  
Nil action - Not recommended

**TA707 - Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer**  
**Formulary status / Action**  
Currently included on the CWFT formulary  
Not applicable - Condition not treated at CWH and WMUH site

**TA708 - Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis**  
**Formulary status / Action**  
Currently included on the CWFT formulary  
Numbers likely to treat at CWH site: 5-10 patients per year  
Numbers likely to treat at WMUH site: 5-10 patients per year

**TA709 - Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency**  
**Formulary status / Action**  
Currently included on the CWFT formulary  
Numbers likely to treat at CWH site: 0 patients per year; condition not treated at CWH site  
Numbers likely to treat at WMUH site: 0 patients per year as currently treating patients with oral chemotherapy only.

**TA710 - Ravulizumab for treating atypical haemolytic uraemic syndrome**  
**Formulary status / Action**  
Nil action - Not applicable - Only for specialist renal centres

**TA711 - Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs**  
**Formulary status / Action**  
Currently included on the CWFT formulary  
Action: To confirm numbers likely to treat at both hospital sites.





**b) NICE Highly Specialised Technologies published since last meeting**

**Nil Highly Specialised Technologies published**

**c) NICE Adherence Spreadsheets CWFT 2020-21**

- **NICE TA Adherence 2020-2021**

**Outcome: Noted**

- **NICE HST Adherence 2020-2021**

**Outcome: Noted**

**4.5 IVIG requests**

- **IVIG Issues for March 2021 - CW Site**

There were 11 IVIG issues in March 2021, with 7 new requests

**Outcome: Noted**

- **IVIG Issues for March 2021 - WMUH Site**

There were 15 IVIG issues in March 2021, with 7 new requests

**Outcome: Noted**

- **IVIG Issues for April 2021 - CWH Site**

There were 10 IVIG issues in March 2021, with 6 new requests

**Outcome: Noted**

- **IVIG Issues for April 2021 - WMUH Site**

There were 13 IVIG issues in April 2021, with 8 new requests

**Outcome: Noted**

- **IVIG Issues for May 2021 - CW Site**

There were 5 IVIG issues in May 2021, with 3 new requests:

**Outcome: Noted**

- **IVIG Issues for May 2021 - WMUH Site**

There were 13 IVIG issues in May 2021, with 8 new requests

**Outcome: Noted**

- **IVIG Issues for June 2021 - CW Site**

There were 7 IVIG issues in June 2021, with 3 new requests

**Outcome: Noted**

- **IVIG Issues for June 2021 - WMUH Site**

There were 8 IVIG issues in June 2021, with 4 new requests

**Outcome: Noted**

- **Addition of IVIg brands Gammaplex® Panzyga® to the formulary**

Currently at WMUH and CWH sites, we are holding Privigen and Gammaplex brands of IVig. Privigen brand is reserved for patients already established on long term treatment with Privigen. Gammplex was introduced in February 2021 for all new patients for long term and short term indications.

There is an on-going shortage of immunoglobulin as there have been reduced plasma donations globally and this has also been impacted by the COVID Pandemic.





To support the on-going global supply chain issues within the Human Normal Immunoglobulin market the Commercial Medicines Unit have undertaken an additional emergency tender to secure a specific volume of Panzyga® from Octapharma Ltd for the NHS.

This is a temporary measure to increase the availability of Intravenous Immunoglobulin for acute indications. This stock is not intended for new patients starting therapy for long term conditions.

Duration	IVIg Brand	Patient group
Short term indications	Panzyga	Acute patients only
Long Term indications	Gammaplex	New long term patients <u>and</u> existing patients already on long term Gammaplex
	Privigen	Existing patients already on long term Privigen

**Outcome: Noted**

**4.6 Items for noting**

• **Quarterly Controlled Drug Summary Report - Q4 2020/21**

Quarterly Controlled Drug Summary Report for Q4 2020/21

**Outcome: Noted**

• **Quarterly Controlled Drugs Accountable Officer Report - Q4 2020/21**

Quarterly CD Accountable Officer Report for Q4 2020/21

**Outcome: Noted**

• **Medication Safety Bulletin - Summary of medication related incidents 2020**

Medication safety Bulletin relating to Summary of medication related incidents 2020

**Outcome: Noted**

• **Trust Medicines Group - Terms of Reference**

Terms of Reference for Trust Medicines Group - Draft for comment

Updates include

- HIV/GUM representative
- Removal of IVIg Approval Panel
- Addition of Pharmacy IVIg Lead
- Addition of Medicines Optimisation Group

**Action: Comments to be sent to DR by 22/07/2021**

**Outcome: Noted**

• **Trust Non-Medical Prescribing Register - May 2021**

Trust Non-Medical Prescribing Register as of May 2021

**Outcome: Noted**

• **MHRA Drug Safety Update - April 2021**

MHRA update for November 2020

**Outcome: Noted**

• **MHRA Drug Safety Update - May 2021**

MHRA update for December 2020

**Outcome: Noted**

• **MHRA Drug Safety Update - June 2021**

MHRA update for June 2021

**Outcome: Noted**



#### **4.7 Meeting minutes for noting**

- **HIV/GUM Medicines Sub-Group Meeting - March 2021**

Minutes from HIV/GUM Medicines Sub-Group meeting held in March 2021

**Outcome: Noted**

- **NWLIF NDP Meeting Agenda - May 2021**

Agenda from NWLIF NDF meeting held May 2021

**Outcome: Noted**

- **Antimicrobial Stewardship Group - April 2021**

Minutes Antimicrobial Stewardship Group meeting held in April 2021

**Outcome: Noted**

- **Medication Safety Group - May 2021**

Minutes Medication Safety Group meeting held in April 2021

**Outcome: 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: September, October, November (Exact date TBC)**

**Time: 8am-9am**

**Location: Via Teams**

**Closing date: TBC**