**BRITISH PHARMACOPOEIA COMMISSION**

**Expert Advisory Group ULM: Unlicensed Medicines**

**SUMMARY MINUTES**

A meeting of the Expert Advisory Group on Unlicensed Medicines was held at 151 Buckingham Palace Road, London, SW1W 9SZ on Tuesday 17th October 2017.

**Present:** Dr M G Lee (*Chair*), Mr V Fenton-May (*Vice-Chair*), Mr D Caulfield, Mr J Rickard, Mr M Santillo, Dr J Smith and Mr P Weir.

**In attendance:** Dr F J Swanson, Mr P Crowley, Mr S Young, Ms F Lee (Lab), Ms C Galdino (Lab) and Mr S Humphries (Lab).

Apologies for absence were received from Dr S Branch, Mr W Goddard, Ms S Hartley and Mr A Sully.

483 **Introductory Remarks**

**Welcome; Membership** The Chair welcomed members to the meeting. Dr Hussain had resigned from the EAG as he had left the MHRA and a replacement member would be identified from within the MHRA at the earliest opportunity.

**Changes for the BP and MHRA** Members were informed of a number of significant changes that were taking place for the BP operation and for the wider MHRA.

***BP Transformation*** Following on from the recommendation of the Triennial Review to explore the feasibility of bringing the digital element of the BP publication in-house, a BP Transformation project was underway to examine how the BP currently operated and how this might change in the future.

***Brexit*** The agency position was “business as usual”.

***Accommodation*** The MHRA would be relocating to a site in Canary Wharf during 2018.

**Travel and Expenses** Members were reminded that any queries with regard to travel arrangements or expenses should be sent to Mr Brian Delahunty at the Secretariat.

**Declaration of Interests** Members were reminded to declare specific interests as they arose during the meeting and to inform the Secretariat of any changes to their interests throughout the year.

**I MINUTES**

484 The minutes of the meeting held on 25th April 2017 were confirmed.

**II MATTERS ARISING FROM THE MINUTES**

485 The following matters arising from the meeting held on 25th April 2017 were noted.

**Minute 459 – Metoprolol Oral Suspension** The Laboratory had started the practical evaluation and a report would be presented at a future meeting.

**Minute 475 – Ethambutol Oral Suspension; Dissolution** The feedback from the consultation on dissolution would be considered by the BP Commission at a future meeting. The outcome would be presented to the EAG in due course and the approach taken for dissolution testing of unlicensed oral suspensions would be reviewed if necessary.

## III REPORTS AND CORRESPONDENCE

### 486 Issues Arising through the BP Commission ULM(17)23

**Policy List** At the request of the BP Commission the Secretariat had started to prepare a list highlighting key policies, together with cross-references to where further information about specific issues could be obtained. The preliminary list was provided for information and members were asked to suggest any issues where guidance would be helpful and that should be added to the list. The list would be complementary to the Aide Memoire, which provided guidance to the Secretariat, BP Commission and EAG/Panel members relating to the development and revision of BP monographs.

**Aide Memoire** The Aide Memoire had recently been updated to reflect recent decisions of the BP Commission and a copy was presented for information.

### 487 Extemporaneous Preparations ULM(17)24

**Background** Members were reminded that the BP Commission had strongly supported the proposed approach of moving extemporaneous preparation information to a Supplementary Chapter. The Expert Advisory Group on Pharmacy (PCY) had subsequently recommended that a set of risk-based criteria should be applied to each monograph containing extemporaneous preparation information before deciding whether the details should be retained in the monograph or moved.

The EAG ULM and PCY Secretariats had discussed the proposals with a view to proposing a solution that would be acceptable to both EAGs and the matter had been discussed at the recent EAG PCY meeting.

It had been agreed that, subject to any further comments from this EAG, the PCY and ULM Secretariats should develop clear guidelines that could be used by the wider Secretariat to ensure that a consistent approach was taken when making decisions about individual monographs.

### 488 Intraocular Injections ULM(17)25

**Supplementary Chapter** The draft Supplementary Chapter would be included in a future publication, subject to resolution of any outstanding points.

**General Monograph** The draft General Monograph would be included in a future publication, subject to resolution of any outstanding points.

### 489 Parenteral Nutrition Solutions ULM(17)26

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

## IV NEW MONOGRAPHS

490 **Work Programme** ULM(17)27

At the last meeting it had been agreed that members should identify at least three items from the work progamme for which information to enable monograph development could be supplied. A circular had been sent out and a number of members had offered to provide information on specific items.

**Carvedilol Oral Suspension; Clomipramine Oral Suspension** A member had offered to try and progress these items as university projects but had been unable to obtain samples of the formulations and active ingredients. According to the prescription data Carvedilol Oral Suspension was widely used.

**Naltrexone Oral Solution; Naltrexone Oral Suspension** There appeared to be little interest in these formulations and so it was agreed that practical examination by the BP Laboratory should not be a priority. The items would be retained on the work programme for now and reviewed at a future meeting.

**Review** As noted previously many of the items had been included on the work programme for a long time, with no progress being made, and it was questioned whether the items were still relevant. Members agreed that a full review of the work programme should be undertaken.

**Future Monographs and Texts** It was recognised that the NHS was severely stretched and that hospital pharmacy units could not support testing of products in which they had no interest.

Following on from the work on Aseptic Preparations, Intraocular Injections and Parenteral Nutrition Solutions, it was agreed that the EAG should continue to explore other areas where provision of guidance would be useful.

491 **Ferric Chloride Injection** ULM(17)28

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

492 **Ketamine Nasal Spray** ULM(17)29

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

493 **Potassium Acetate Injection** ULM(17)30

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

## V MONOGRAPHS IN PROGRESS

494 **Diltiazem Oral Suspension** ULM(17)31

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

495 **Ethambutol Oral Suspension** ULM(17)32

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

496 **Lorazepam Oral Suspension** ULM(17)33

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

497 **Nadolol Oral Suspension** ULM(17)34

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

498 **Nifedipine Oral Suspension** ULM(17)35

The draft monograph would be included in a future publication, subject to resolution of any outstanding points.

## VI REVISION OF MONOGRAPHS

499 **Hydroquinone** ULM(17)36

**Identification** A monograph for Hydroquinone had been published in the BP 2018 to support the monograph for Tretinoin, Hydrocortisone and Hydroquinone Cream. The Laboratory had examined the Identification tests, which were based on those in the USP monograph, and a copy of their report was provided.

The TLC test had been found suitable, but using methanol in place of water as the diluent and adding a UV visualisation step. Infrared had been found suitable as a means of identification and it was agreed that this should be included in place of the current UV test. A draft amendment had been prepared and was accepted for inclusion in the BP 2019.

500 **Melatonin** ULM(17)37

A monograph for Melatonin had been published in the BP 2012 to support the monograph for Melatonin Capsules.

**Related substances** A company had requested a tightening of the limit for 5-methoxytryptamine from 0.5% to 0.1% to reflect their updated specifications. Members were reminded that the monograph had been based on work carried out by the MHRA Laboratory and that at the time very low levels of this impurity had been observed. In light of the data provided it was agreed that the limit should be tightened, subject to any comments received after providing the revised text on the BP website for public comment.

**Storage** It was agreed that reference to temperature should be deleted from the Storage statement.

501 **Moxifloxacin Intracameral Injection** ULM(17)38

**Identification** The Laboratory had been asked to develop a suitable Identification test for Moxifloxacin Intracameral Injection. The Laboratory had not yet been able to develop a robust IR or TLC method and their preliminary findings were presented for discussion and advice.

***Infrared*** The Laboratory had only obtained partial concordance between the spectra for the sample and reference substance. As this was not ideal for a pharmacopoeial method it was agreed that examination of IR should be abandoned.

***TLC*** The Laboratory had examined the suitability of a TLC method to the injection formulation. The resulting TLC trace had dipped in the middle of the plate, resulting in a misalignment of the spots due to the test and reference solutions, and members were asked to suggest possible ways to improve the TLC results. A number of proposals were made and it was agreed that the Laboratory should continue examination of the TLC method.

## VII INTERNATIONAL

502 **Paediatric Formulary Working Party** ULM(17)39

The reports of the 5th and 6th meetings of the Paediatric Formulary Working Party were provided for information.

503 **WHO Guidance on Good Pharmacopoeial Practices: Compounded Preparations** ULM(17)40

Members were informed of the World Health Organization guidance document on Good Pharmacopoeial Practices, which defined approaches and policies in establishing pharmacopoeial standards, with the ultimate aim of harmonisation. The document described a set of principles that provided guidance for national and regional pharmacopoeial authorities that was intended to facilitate the appropriate design, development and maintenance of pharmacopoeial standards.

The current document focussed mainly on active pharmaceutical ingredients and finished products, but it was intended to expand the guidance to cover additional types of product. A draft section on Compounded Preparations had been prepared and was provided for information.

504 **Survey of the Quality of Compounded Medicines in New South Wales** ULM(17)41

The Australian Therapeutic Goods Administration (TGA) had carried out a survey in 2015 to examine the quality of selected compounded medicines prepared in new South Wales and a copy of the survey was provided for information.

## VIII ANY OTHER BUSINESS

505 **Dichloromethane** Members noted that there were safety issues associated with the use of dichloromethane and that this was likely to have major implications for its future use in BP monographs.

506 **Sterility of Compounded Aseptic Preparations** Members agreed that it would be useful to include some guidance on this issue in the Pharmacopoeia, if possible.

507 **Date of next meeting**

To be arranged.