

Drug and Therapeutics Committee – Minutes –Confirmed

Date / Time	Thursday 8 th March 2018 8:15am – 9.30am
Venue	The Committee Room, Alderson House, HRI
Chair	Prof A Morice, Chair, Professor of Respiratory Medicine
Notes / Action Points	Mrs Susan Greene, Senior Pharmacy Technician (SG)
Quorate: Yes / No	Yes

Attendance	Mr S P Gaines, Professional Secretary, Senior Principal Pharmacist – Clinical Services (SPG) Dr O Ogunbambi, Consultant Rheumatologist Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Mrs E Lyle, Locality Pharmacist, Medicines Management, Hull NECS (deputy for KMcC) Dr F Umerah, Consultant Anaesthetist Dr A Samson, Infectious Diseases Consultant Antonio Ramirez, Senior Principal Pharmacist – Interface (guest) Matthew Sanderson, Accounts Manager – Fendix Media (guest, for item 2018.03.05)
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Apologies	Mr K McCorry, Medicines Management, East Riding Prof M Lind, Vice Chair, Professor of Oncology Mr P O'Brien, Deputy Chief Pharmacist Mr R Kapur, Vascular Surgeon
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2018.03.01	Apologies	As above.					
2018.03.02	Declarations of Interest	Prof Morice had delivered some seminars to GP surgeries, around the Asthma Treatment Pathways.					03/18
2018.03.03	Minutes of the previous meeting	The minutes were accepted as a true record.					03/18
2018.03.04	Action Tracker	<p>Bisphosphonates as supportive therapy for Breast Cancer Preparation of a HERPC guideline was in progress. Decision was made to take off the tracker, as it was on the HERPC one also.</p> <p>Tofacitinib for moderate to severe rheumatoid arthritis Clinical pathway had been written, so should be ready for April.</p> <p>Trimbow MDI Updated COPD guideline is on the agenda for discussion today.</p> <p>Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable NICE TA492 ML to request application from Dr Butt. ML not present at meeting.</p> <p>Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer NICE TA 496 ML to request application. ML not present at meeting.</p> <p>Brodalumab SG had added to the formulary. AM had written to all applicants. POB had checked the contract, offering the product at 1p per syringe at present.</p>	<p>Action closed.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>Actions complete.</p>			<p></p> <p>01/18</p> <p></p> <p>03/18</p> <p>ML 03/18</p> <p>ML 03/18</p> <p></p>	<p>03/18</p> <p></p> <p>03/18</p> <p></p> <p></p> <p>03/18</p>

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		<p>Carfilzomib SG had added to the formulary.</p> <p>Nivolumab SG had added to the formulary</p> <p>Sarilumab SG had added to the formulary.</p> <p>Fendix Media - Pharma Campaigns DC had fed back and circulated advert examples to the committee. A representative from Fendix Media was arranged to attend the meeting today for further discussion.</p> <p>Lenvatinib with everolimus for previously treated advanced renal cell carcinoma ML to ask for new product request. ML not at meeting.</p> <p>Glecaprevir–pibrentasvir for treating chronic hepatitis C POB had asked Lorraine Cullen for new product request.</p> <p>Ceritinib for untreated ALK-positive non-small-cell lung cancer ML to ask for new product request. ML not at meeting.</p> <p>Ibrutinib for treating relapsed or refractory mantle cell lymphoma ML to ask for new product request. ML not at meeting.</p>	<p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Ongoing.</p>				<p>03/18</p> <p>03/18</p> <p>03/18</p> <p>03/18</p> <p>03/18</p> <p>03/18</p> <p>03/18</p>
2018.03.05	Fendix Media Advertising Campaigns on Pattie Intranet	<p>Matthew Sanderson, Hull accounts manager from Fendix Media, attended the meeting to present about the Fendix Media advertising campaigns and what they entail</p> <p>He explained that there were 74 NHS trusts currently generating income by using their advertising on their intranet pages, with approximately half accepting drug advertising. The closest trust using these adverts was NLAG, and he reported that it had been successful there. However, other Trusts in the Y&H region were not using such adverts.</p>	Trial for 3 months, and only Pharmacy to be the target audience.	DC to feedback to committee in June.	DC	06/18	

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		<p>He estimated that this could generate income for HEY of around £15,000 to £20,000 per year. Fendix Media would also take a commission from the campaign. Adverts were roughly a 50:50 split between pharma and non-pharma ones, but 75% of the expected income would come from drug adverts. The Trust would be paid per advert impression, not per click on an advert. It was expected that advertisers would achieve 0.7-1% clicks on their advert, when targeted to a tailored audience (which should be achieved if employees log in to Pattie using their own username and password).</p> <p>The drug advert campaigns were compliant with Pharma advertising rules. They must be targeted to a relevant audience, so a cardiology-relevant advert would only be seen by cardiology staff. The advert appeared at the top of the page the user was accessing, sometimes with changing content, but there are no pop-up windows, or on-page videos, so he felt there was likely to be minimal user distraction. A click on the advert usually took the user to one or two external internet drug company pages, which the Trust would not control. All products would be NICE approved, and should already be on the Trust formulary. HEY would be in control of what is advertised, and could refuse or take any campaign down at any time if we were not happy. Other Trusts had not seen a dramatic change in prescribing or increased overall drug costs.</p> <p>It was expected that there would be 3-4 new adverts per month to screen for suitability and formulary inclusion. However, at the start there would be more, due to all the existing adverts coming through.</p> <p>Following the presentation, Mr Sanderson left the meeting and the committee were able to discuss the proposal in more detail:</p> <p>Some members of the committee questioned Mr Sanderson's claim that the adverts would not cause distraction and would not influence prescribers and their prescribing. Clinicians acknowledged that it was naive to think that adverts would not affect prescribers. Adverts do influence prescribing, and not necessarily in line with</p>					

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		<p>local or national best practice guidelines.</p> <p>In the examples that had been circulated, it was felt that some were non-formulary items. Some were quite complicated, with multiple claims and references given, but no simple way to follow these up and substantiate the claims without spending some time. SPG expressed concern that such a screening process would take time and that it should not fall solely to himself to decide if adverts could run or not, but be a committee decision.</p> <p>In line with previous discussions about drug advertising, committee members were generally negative to neutral about the concept and its implementation.</p> <p>DC suggested, to get a better understanding of what was involved and how the adverts would appear, that a 3 month trial of a couple of adverts would be undertaken using only Pharmacy staff. DC would seek feedback and report back to the committee in June.</p>					
2018.03.06	New Product Requests	None.					03/18
2018.03.07	Guidelines	<p>East Riding and Hull Trusts Joint Respiratory Guidelines for Adults:</p> <ul style="list-style-type: none"> • Diagnosis of airways disease • COPD Treatment Pathway • Treatment Of Adult Asthma <p>These 3 guidelines had been updated, including Trimbaw, and were approved by the committee.</p>	Approved - To go to HERPC for ratification.	SG to add to HERPC agenda	SG	04/18	
2018.03.08	NICE Guidance February 2018	<p>Pancreatic cancer in adults: diagnosis and management https://www.nice.org.uk/guidance/ng85</p>	All drugs formulary except nab-paclitaxel, where a new product request was awaited.	No further action.			03/18

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		<p>People's experience in adult social care services: improving the experience of care and support for people using adult social care services https://www.nice.org.uk/guidance/ng86</p> <p>Pirfenidone for treating idiopathic pulmonary fibrosis https://www.nice.org.uk/guidance/ta504</p> <p>Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma https://www.nice.org.uk/guidance/ta505</p> <p>Lesinurad for treating chronic hyperuricaemia in people with gout https://www.nice.org.uk/guidance/ta506</p> <p>Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C https://www.nice.org.uk/guidance/ta507</p> <p>Bisphosphonates for treating osteoporosis https://www.nice.org.uk/guidance/ta464</p> <p>Peripheral arterial disease: diagnosis and management https://www.nice.org.uk/guidance/cg147</p> <p>Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women https://www.nice.org.uk/guidance/ta160</p>	<p>Noted, not aimed at Acute Trusts.</p> <p>Listed on formulary as “awaiting NHSE position”</p> <p>Not on formulary.</p> <p>Not recommended by NICE. Not on formulary</p> <p>Voxilaprevir not on formulary, other 2 agents are.</p> <p>Noted. All drugs formulary.</p> <p>Noted.</p> <p>Strontium recommendation withdrawn, as no longer marketed in UK. To be removed from formulary.</p>	<p>No further action.</p> <p>SG to move to formulary, as per NICE TA.</p> <p>ML to request application.</p> <p>No further action.</p> <p>SPG to ask Lorraine Cullen.</p> <p>No further action.</p> <p>No further action.</p> <p>SG to remove strontium from formulary.</p>	<p></p> <p>SG</p> <p>ML</p> <p></p> <p>SPG</p> <p></p> <p>SG</p>	<p></p> <p>04/18</p> <p>04/18</p> <p></p> <p>04/18</p> <p></p> <p></p> <p>04/18</p>	<p>03/18</p> <p></p> <p></p> <p>03/18</p> <p></p> <p></p> <p>03/18</p>
2018.03.09	MHRA Drug Safety Update -	Misoprostol vaginal delivery system (Mysodelle): reports of excessive uterine contractions (tachysystole) unresponsive to	Noted.	No further action.			03/18

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	February 2018	<p>tocolytic treatment.</p> <p>Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients.</p> <p>Gadolinium-containing contrast agents: Omniscan and iv Magnevist no longer authorised, MultiHance and Primovist for use only in liver imaging.</p>	<p>Noted.</p> <p>Noted.</p>	<p>No further action.</p> <p>No further action.</p>			<p>03/18</p> <p>03/18</p>
2018.03.10	Minutes from the Safe Medication Practice Committee	None.					03/18
2018.03.11	Minutes from the Hull and East Riding Prescribing Committee	None.					03/18
2018.03.12	Regional Medicines Optimisation Committee Minutes	<p>No new minutes.</p> <p>Submitting Items For Discussion DC shared information that there is a system on the website, for anyone who wishes to submit topics they feel should be discussed.</p>					03/18
2018.03.13	Correspondence received	SPG had received correspondence from POB on 02/03/18, regarding the MHRA alert of 9 th February, about Esmya liver function monitoring. Feedback was that HEY/GPs were agreeing an action plan. Every patient on this medication would receive a letter, so they could be recalled and reviewed.	Noted that this was being dealt with.	No further action.			03/18
2018.03.14	Chairs approvals	None.					03/18
2018.03.15	Issues to escalate to	None.					03/18

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	Operational Quality Committee						
2018.03 16	Any Other Business	None.					03/18
2018.03 17	Date and Time of Next Meeting	Date – Thursday 12th April 2018 Time – 8.15am - 9.30am Venue – Committee Room, Alderson House, HRI					