Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 11th October 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 W Hornsby, Senior Pharmacy Technician
Quorate: Yes / No	Yes
Attendance	Mr S P Gaines, Professional Secretary, Senior Principal Pharmacist – Clinical Services Mr P O'Brien, Deputy Chief Pharmacist Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Mr K McCorry, Medicines Optimisation Pharmacist, NECS (via speakerphone) Dr S Raise, GP ER CCG (via speakerphone) Dr A Samson, Infectious Diseases Consultant Prof M Lind, Vice Chair, Professor of Oncology Dr F Umerah, Consultant Anaesthetist
Apologies	Dr H Klonin, Consultant Paediatrician Dr O Ogunbambi, Consultant Rheumatologist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2018.10.01	**Apologies**	As above.					
2018.10.02	**Declarations of Interest**	SR informed the committee that he has accepted a part-time interim position as the Associate Medical Director at HTFT.	Noted.	No further action			10./18
2018.10.03	**Minutes of the previous meeting**	KM requested that his job title be altered from Medicines Optimisation Pharmacist, East Riding CCG to NECS.	Approved pending amendment.	Change ER CCG to NECS	WH	11/18	
2018.10.04	**Action Tracker**	**Fendix Media Advertising Campaign on Pattie** DC had circulated a document showing total advertising earnings to date were £3953. Other staff feedback, for example from Dr Moss, was negative. DC said that Dr Purva had advised D&TC were in charge of the governance around Fendix drug advertisements. The committee were not happy with the promotion of medicines via this platform as there were governance issues around promoting medicines in this way. Non-drug advertising could continue, even if medicines were not promoted on Pattie. If web services wished to promote any products that it felt were borderline (like OTC medicines) D&TC would be happy to review these individually.	DC to feedback the committee's decision to Web Services.	DC to feed back to web services	DC	11/18	
		Tracker ML to submit application for atezolizumab TA520.	Ongoing.		ML	08/18	
		New Process For Oncology Requests Review form and process in six months times. First application just received via this route - comments so far include the need for the addition of the consultant name, NICE TA number and a box to include NHSE as a funding option.	Ongoing. POB will feedback comments to SS, to amend form.	POB to feed back – for SS to amend form	SS/SG POB	01/19 11/18	
		NICE Guidance ML to request application for midostaurin TA523, atezolizumab TA525 and arsenic trioxide TA526.	Ongoing.		ML	08/19	
		SS had confirmed there were no plans to use midostaurin in oncology.	Add to back of formulary as	WH to amend formulary	WH	11/18	

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		SS confirmed atezolizumab in routine use for lung – ML will discuss with Vicky Brown.	available via chairs approval.	Ml to feed back	ML	11/18	
		SS confirmed arsenic trioxide has been in routine use for many years.	WH to add to formulary.	WH to amend formulary	WH	11/18	
		E-cigs/Vapes POB has requested AC to write paper regarding CQUIN/Smoking Cessation /E-cigs.	Ongoing.		POB	08/18	
		AOB The Out of Hours "Non-formulary request process for medicines" flowchart had been updated and circulated. Questions were raised regarding the approval of funding, especially out of hours. It was also suggested to add contact details – e-mail or telephone via switchboard.	Action complete. DC to discuss funding with CS HG.		 DC	 11/18	10/18
		NICE Guidance ML to submit application for atezolizumab TA492.	Ongoing.		ML	9/18	
		NICE Guidance NICE TA528 Niraparib. SS confirmed already in use and built into new ARIA system. ML to discuss with Vicky Brown.	ML to discuss with VB. WH to add to formulary.	ML to feed back WH to add to formulary	ML WH	11/18 11/18	
		MHRA DSU DC to discuss with web services advertising yellow card scheme on Pattie. JM preparing the content.	Ongoing.		DC	9/18	
		New Product Requests ML has written to applicants and WH has updated formulary.	Action complete.				10/18
		NICE Guidance TA535 Lenvatanib and sorafenib. SS confirmed no current plans to use in Oncology. Sorafenib already on formulary.	Add lenvatanib to back of formulary as available via chairs approval.	WH to amend formulary	WH	11/18	

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		NICE Guidance TA536 Alectinib – New form just received, for circulation for 11/18 meeting.	Action complete. WH to circulate	WH - circulate	WH	11/18	10/18
		NICE Guidance TA537 Ixekizumab WH has updated formulary entry in line with NICE.	Action complete.				10/18
		NICE Guidance TA538 Dinutuximab beta. SS confirmed that this was only used in children and HEY would not be treating children for this condition. ML's action therefore superseded.	Add to back of formulary as "Not commissioned for use in children at HEY".	WH to amend formulary	WH	11/18	
		NICE Guidance TA539 Lutetium – ML will discuss with Vicky Brown if this will be used at HEY.	ML to discuss with VB.	ML to feed back	ML	11/18	
		MHRA DSU August 18 This had been discussed at HERPC and WH confirmed that the HERPC SCF/guideline contains line "Esmya - Do Not Use". KMcC to confirm prescribing for patients in community has now ceased.	Action complete KMcC to check on community prescribing.	KMcC to feed back	WH KMcC	11/18	10/18
		Parkinson's Disease Guideline SG has fed back comments to JM.	Action complete.				10/18
		UKMi Paper Paper was added to SMPC agenda.	Action complete.				10/18
		Issues to escalate to OQC UKMI paper was escalated & raised at OQC by DC.	Action complete.				10/18
		AOB KMcC has sent an email about the CCG decision regarding lidocaine plasters and AREDs. WH will agenda and circulate for Nov/18.	Action complete.				10/18

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2018.10.05	**New Product Requests**	**Pentosan Licensed Product Elmiron® Now Available** Pentosan was previously available (listed on the unlicensed list) but now a licensed product Elmiron® has become available. It was agreed to use this as the preferred product and move pentosan from the unlicensed list to the formulary. The red traffic light status would need reviewing at HERPC.	Approved Traffic light status to be confirmed	Add to formulary Add to HERPC agenda	WH WH	11/18 11/18	
		Ciprofloxacin 2mg/ml ear drops line extension – Mr England HEY were currently using 0.3% eye drops, as previously no licensed specific ear preparations were available.	Approved as line extension	Add to formulary	WH	11/18	
		Erenumab (Aimovig®) – Prophylaxis of Migraine – Dr Ahmed NICE not expected until Q1 2019. SMC have not considered yet. Company providing FOC until NICE published. If NICE does not recommend the company will carry on providing FOC to existing patients for the following 36 months. On the basis of evidence presented the committee clinically approved it for the formulary. It was agreed that the proposed NICE/FOC criteria should be given to Dr Ahmed and it should be emphasized that approval was given for use in line with this proposal. However funding needs to be clear and the committee agreed the product could not be used until this was clarified.	Approved	Add to formulary AM to write to all applicants POB to clarify funding & if HEY have been involved in erenumab trials.	WH AM POB	11/18 11/18 11/18	

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2018.10.06	**NICE Guidance**	**August 2018** NG103 Flu Vaccines: Increasing Uptake It was confirmed that flu vaccine is available for inpatient use, where clinically appropriate and the patient could not be vaccinated by their GP. Use would be recorded on a patient's IDL, so that GPs would be aware. However it was thought that it would not usually be necessary, as most patients have a short length of stay and the likelihood of being acutely unwell.	Noted.	No further action			10/18
		September 2018 NG104 Pancreatitis	All drugs or groups on formulary.	No further action			10/18
		NG105 Preventing Suicide in Community & Custodial Settings	Noted – Not HEY.	No further action			10/18
		NG106 Chronic Heart Failure in Adults	All drugs or groups on formulary.	No further action			10/18
		TA540 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma	On formulary.	No further action			10/18
		TA541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia	Currently not on formulary. ML will request an application.	WH to send ML list of all oncology medicines awaiting application	ML/ WH	11/18	
2018.10.07	**MHRA Drug Safety Update**	**September 2018** Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers	Noted, discussed already.	No further action			10/18
		Xofigo▼ (radium-223-dichloride): new restrictions on use due to increased risk of fracture and trend for increased mortality	Noted, discussed already.	No further action			10/18

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		seen in clinical trial Daclizumab beta (Zinbryta▼): risk of immune-mediated encephalitis – some cases several months after stopping treatment Nusinersen (Spinraza▼): reports of communicating hydrocephalus; discuss symptoms with patients and carers and investigate urgently	Noted, discussed already. Non-formulary, not used at HEY.	No further action No further action			10/18 10/18
2018.10.08	**Guidelines**	**Guidelines for the Prevention and Management of the Infection in Adult Neutropenic Patients** Changes include increase in frequency of piperacillin/tazobactam administration to 6 hourly and increase in dose of teicoplanin to 12mg/kg. The previously approved guideline had been revised with input from ID, Haematology & Pharmacy. ML was concerned that it had not been reviewed by the Oncologists and felt that is should be formally discussed by the Chemotherapy Committee. ML reported that there also seemed to be a copied "Oncology version" of the previous guideline, which was undesirable. It would be better to have one guideline for all departments dealing with neutropenic sepsis patients.	Deferred, pending feedback from Oncology.	ML to take to Chemotherapy Committee and feed back	ML	11/18	
2018.10.09	**Sodium Valproate Switch from Liquid to Chronospheres**	POB explained to the committee that patients were commonly admitted on modified release tablets, prescribed OD or BD. Those with swallowing difficulties were generally switched to TDS or QDS liquid. The introduction of chronospheres would mean that patients with swallowing difficulties could stick to OD or BD administration, reducing administration time and aiding compliance. The chronospheres can be sprinkled on food or be given via wide bore NG tubes. Liquid would still be retained for paediatric use. Agreed to review liquid use in one year.	Approved to use chronospheres too. WH to review use vs. liquid in 1 year.	No further action, as sodium valproate already on formulary	WH	11/19	
2018.10.10	**Non Formulary Request Process for Medicine**	Discussed under tracker section above.					10/18

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2018.10.10	**Minutes from SMPC**	None.					10/18
2018.10.11	**Minutes from HERPC**	July 18.	Noted.	No further action			10/18
2018.10.12	**Correspondence Received**	**Letter from Novartis – regarding judicial review between Novartis, Bayer and 12 CCGs in the NE of England** POB gave an erudite explanation of the current situation, based on high court case No: CO/5288/2017 by Mrs Justice Whipple. The ruling agreed the CCG policy on offering Avastin as a treatment option was lawful and that the MHRA and EMA are not the only bodies who can assess the effectiveness of medicines. It is understood that Bayer and Novartis will be appealing the decision and that the MHRA are also likely to appeal the ruling. Pending the outcome of the appeals process, it was felt that HEY should not make changes to current policy or practice.	Noted.	No further action			11/18
2018.10.13	**Regional Medicines Optimisation Committee**	25th September - Regional Medicines Optimisation Committee Update September 2018 – Midlands & East. 24th September - Adalimumab commissioning intentions.	Noted. Noted.	No further action No further action			10/18 10/18
2018.10.14	**Chairs approvals**	Pristinamycin – Prosthetic Joint Infection – Dr G Barlow AS informed the committee that a full application was being prepared for pristinamycin. Benralizumab – Asthma – Dr Faruqi.	Noted.	No further action			10/18
2018.10.15	**Issues to escalate to OQC**	Financial approval for chairs approval. DC to escalate amended out of Hours "Non-formulary request process for medicines" for discussion.	Escalate for discussion at OQC.	DC to discuss at OQC	DC	11/18	
2018.10 16	**Any Other Business**	**IV Immunoglobulin (IVIg) panels.** DC highlighted recent NHSE plans to set up sub-regional IVIg panels, to oversee the processes of local Trust panels. Leeds and Sheffield were to have these and Hull was bidding to do the	Noted.	No further action for D&TC			10/18

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		same. Hull would then oversee Hull, York and NLAG patient usage.					
2018.10 17	**Date and Time of Next Meeting**	Thursday 8th November – 8.15 – 9.30am, Committee Room, HRI.					