Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 12th July 2018 8:15am – 9:30am
Venue	The Board 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 Prof M Lind, Vice Chair, Professor of Oncology Dr A Samson, Infectious Diseases Consultant Mr R Kapur, Vascular Surgeon Mr K McCorry, Medicines Optimisation Pharmacist, East Riding CCG (via speakerphone) Dr H Klonin, Consultant Paediatrician (until 9.30) Mrs S Scargill, Senior Principal Pharmacist, Oncology – in attendance for item 2018.07.05
Apologies	Dr O Ogunbambi, Consultant Rheumatologist Dr S Raise, GP ER CCG

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2018.07.01	**Apologies**	As above.					
2018.07.02	**Declarations of Interest**	None.					7/18
2018.07.03	**Minutes of the previous meeting**	Accepted as a true record.					7/18
2018.07.04	**Action Tracker**	Minutes WH has amended the minutes.	Action complete.				7/18
		Minutes AM has written to cardiothoracic surgery to confirm they are aware that aprotinin is non-formulary and will not be available, unless the make a new product request.	Action complete.				7/18
		WH had amended the formulary.	Action complete				7/18
		D&T Attendance DC has discussed lay member attendance with Louise Beedle, who confirmed SP is still happy to attend.	WH will contact lay member and discuss.		WH	8/18	
		Tracker WH invited SS to attend meeting.	Action complete.				7/18
		Tracker POB has checked which NICE approved cancer drugs will be used by HEY, and the document had been signed off by SS & Dr Patmore and circulated to the group. It was agreed to adopt all of these TAs to the Trust formulary, except where clearly marked "No", as they were not in use or needed locally.	Action complete. WH to add all appropriate drugs to formulary document.	WH to update formulary	WH	8/18	7/18

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		Fendix Media DC had approved 2 more oncology medicine adverts, that are only viewable by oncology and pharmacists, it was thought. POB showed the group an example of an advert on Pattie for KEYTRUDA® (pembrolizumab).	Ongoing.	DC will feed back more in August	DC	8/18	
		NICE Guidance TA517 Avelumab had been included in the list that was adopted above.	No further action required.				7/18
		New Product Requests AM has written to applicants and WH has updated formulary	Actions complete.				7/18
		New Product Requests SG had discussed Plenvu with Mark Hughes.	Action complete.				7/18
		NICE Guidance SG has invited SR to attend the next Thrombosis Committee. TA520 Atezolizumab – awaiting new product request using new process.	Action complete. Ongoing	ML to seek application	ML	8/18	7/18
		Correspondence Received SG had asked AR to amend Tinzaparin/Dalteparin options paper to include DOACs – on the agenda later.	Action complete.				7/18
		Chairs approvals WH had amended the formulary to include Synvisc as “IFR only”.	Action complete.				7/18
		AOB WH had added the RMOC papers to the agenda today.	Action complete.				7/18
2018.07.05	**New Process for Oncology Requests**	SS attended the meeting to explain the new process for adding a cancer medicine to the formulary. One integrated form would simplify the process. When a clinician wishes to use a new cancer medicine (most of which will be NICE approved), they must fill in the form to enable the medicine to be added to the ARIA the e-prescribing system.	New process and form were approved.	SS to implement new form and review in 6 months	SS/SG	1/19	

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		The completed form will then be passed onto D&T for approval and formulary addition.					
2018.07.06	**New Product Requests**	Tapentadol – Severe Chronic Pain - Dr V Sanem Rejected on the basis of poor evidence. There was only one randomised, multi-centre, double blind, parallel group, placebo-controlled trial. This showed non-inferiority to oxycodone S/R. Most of the other references were open label or observational studies, or were review articles/unpublished conference posters. AM to write to applicant and advise that D&T would be happy to receive a more targeted application with better evidence in the future. Linagliptin – Diabetes – POB A linagliptin new product request was submitted in 2013, but rejected on the grounds of cost. However cardiology at HEY have treated patients from NLAG/York where the product is formulary and there have been issues around switching to formulary products and dose adjustments for patients with renal impairment. It was requested that linagliptin be added to formulary for "continuation of treatment only" for this small cohort of patients. SG had contacted Dr B Allen, who had agreed that this would be a good option to avoid missed doses and problems at discharge. It was felt that this addition to formulary would not have an impact on primary care as it was for continuation, not initiation; however POB asked how many GPs in primary care have initiated treatment on linagliptin.	Rejected. Approved for continuation of community use only. KMcC to look at prescribing figures for linagliptin in primary care.	AM to write to applicant and WH to update formulary WH to update formulary	AM/ WH WH KMcC	8/18 8/18 8/18	
2018.07.07	**NICE Guidance**	• NG97 Dementia: assessment, management and support for people living with dementia and their carers • NG98 Hearing loss in adults: assessment and management	Noted, drugs are formulary. Noted, drugs are				7/18 7/18

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			formulary.				
		• TA521 Guselkumab for treating moderate to severe plaque psoriasis	Non-formulary.	AM to write to dermatology to ask if interested	AM	8/18	
		• TA522 Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable	On formulary.				7/18
		• TA523 Midostaurin for untreated acute myeloid leukaemia	Non-formulary.	ML to ask for request	ML	8/18	
		• TA524 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma	On formulary.				7/18
		• TA525 Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy	Non-formulary.	ML to ask for request	ML	8/18	
		• TA526 Arsenic trioxide for treating acute promyelocytic leukaemia	Non-formulary.	ML to ask for request	ML	8/18	
		• TA 527 Beta interferons and glatiramer acetate for treating multiple sclerosis	Non-formulary.	WH to check if glatiramer is on formulary	WH	8/18	
		• TA217 Donepezil, galantine, rivastigmine and memantine for the treatment of Alzheimer's disease (Update)	Noted, drugs are formulary.				7/18
		• NG36 Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (Update)	Update noted.				7/18
2018.07.08	**MHRA Drug Safety Update – June 2018**	Dolutegravir (Tivicay▼, Triumeq▼, Juluca▼): signal of increased risk of neural tube defects; do not prescribe to women seeking to become pregnant; exclude pregnancy before initiation and advise use of effective contraception AS informed the committee that the Infectious Diseases	Noted.	No further action			7/18

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		Department was aware of the dolutegravir alert Denosumab (Xgeva▼) for giant cell tumour of bone: risk of clinically significant hypercalcaemia following discontinuation Denosumab (Xgeva▼) in advanced malignancies involving bone: study data show new primary malignancies reported more frequently compared to zoledronic acid	Noted. Noted.	ML will discuss denosumab information with colleagues	ML	8/18	
2018.07.09	**LMWH switch**	AR has updated the switch paper to include DOACS as an option. This demonstrates that primary care could save up to approximately £232k if DOACS where prescribed in place of LMWH for 50% of current usage, for example. AR will take paper to Thrombosis Committee for a full clinical analysis before a final decision is made.	Paper to be discussed by thrombosis committee.	No further action for this committee			7/18
2018.07.10	**Minutes from SMPC**	None.					7/18
2018.07.11	**Minutes from HERPC**	None.					7/18
2018.07.12	**FOC Scheme**	Deferred until August.					7/18
2018.07.13	**E-cigs-Vapes**	DC informed the committee about CQUIN 9, for prevention of smoking. The smoking cessation team at HEY would like to be able to recommend to patients the use of E-cigarettes/Vapes. These devices are not medicines, but are regulated under article 20 of the Tobacco Products Directive 2014/14/EU by the MHRA and would therefore not be prescribable. HEY already has a range of prescribable nicotine-containing products on the formulary. The smoking cessation team could direct patients to Boots to purchase E-cigarettes/Vapes, if they are selling them.	POB to check availability with Boots and discuss with smoking cessation team.	POB to check local situation and feed back	POB	8/18	

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2018.07.14	**Regional Medicines Optimisation Committee**	Deferred until August					7/18
2018.07.15	**Correspondence received**	None.					7/18
2018.07.16	**Chairs approvals**	None.					7/18
2018.07.17	**Issues to escalate to OQC**	None.					7/18
2018.07 18	**Any Other Business**	POB raised that levosimendan (non-formulary, not licensed in UK) had been requested from the on-call pharmacist, who ordered directly from Leeds without anyone seeking chair's approval.	Escalate to cardiothoracic surgery governance meeting. Update out-of-hours formulary flowchart.	Complete new product request, if they wish to use it. Update flowchart, agenda for August	POB POB/ WH	8/18 8/18	
2018.07 19	**Date and Time of Next Meeting**	Thursday 9th August – 8.15 – 9.30am, Committee Room, HRI.					