

## Drug and Therapeutics Committee – Minutes – Confirmed

<b>Date / Time</b>	Thursday 11 <sup>th</sup> April 2019 8:15am – 10:00am
<b>Venue</b>	Meeting Room 3, Women's & Children's Hospital
<b>Chair</b>	Prof A Morice, Chair, Professor of Respiratory Medicine
<b>Notes / Action Points</b>	Mrs W Hornsby, Senior Pharmacy Technician
<b>Quorate: Yes / No</b>	Yes
<b>Attendance</b>	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 phone link) Prof M Lind, Vice Chair, Professor of Oncology Dr A Samson, Infectious Diseases Consultant Dr S Raise, GP ER CCG (via phone link) Dr H Klonin, Consultant Paediatrician Dr O Ogunbambi, Consultant Rheumatologist Dr F Umerah, Consultant Anaesthetist
<b>Apologies</b>	Dr R Kapur, Vascular Surgeon

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2019.04.01	<b>Apologies</b>	As above.					
2019.04.02	<b>Declarations of Interest</b>	None.					4/19
2019.04.03	<b>Minutes of the previous meeting</b>	Accepted as a true record.					4/19
2019.04.04	<b>Action Tracker</b>	<p><b>Out of Hours Flowchart</b> Flowchart has now been updated and shared with junior members of pharmacy staff for comments.</p> <p><b>Tracker Erenumab</b> Minutes from Hull and ER CCG to be sent to HUTH.</p> <p><b>DSU</b> Ipilimumab: reports of CMV GI infection. ML to discuss with colleagues.</p> <p><b>RMOCS</b> POB has shared liothyronine policy statement with KMcC and document was discussed at MMIG.</p> <p><b>New Product Requests</b> AM has written to applicants and WH has updated formulary</p> <p><b>New Product Requests</b> POB to implement a protonin manufacturer registry scheme. Cardiothoracic governance meeting is tomorrow, HUTH cardiology pharmacist will attend to discuss registry requirements. Supplier representative meeting arranged too.</p> <p><b>New Product Requests</b></p>	<p>Ongoing.</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Actions complete.</p> <p>Action complete.</p>	<p>Agenda for May</p> <p>KMcC to chase</p> <p>ML to discuss with colleagues</p>	<p>DC</p> <p>KMcC</p> <p>ML</p>	<p>11/18</p> <p>3/19</p> <p>3/19</p>	<p>4/19</p> <p>4/19</p> <p>4/19</p>

	<p>SG has requested AR update gastro biological pathway</p> <p><b>NICE Guidance</b> WH has requested applications for TA562 (encorafenib with binimetinib) and TA563 (abemaciclib). For May agenda.</p> <p><b>FOC Scheme Policy</b> POB has written to authors of document who have replied to say the document is under review.</p> <p><b>DSU Feb 19</b> AM has written to endocrinology and gynaecology to make them aware of carbimazole use in pregnancy</p> <p><b>Correspondence Received</b> AM has written to Dr Gordins to make him aware the Emerade adrenaline pen line extension was approved</p> <p><b>Correspondence received – NLAG DOAC letter</b> DC had discussed this with the NLAG Chief Pharmacist. SG had raised the issue at Thrombosis Committee, where it was approved that all DOACs are deemed clinically equal in the treatment of stroke prophylaxis in AF, given that there are no head-to-head clinical trials. It was felt that guidelines with a preferred agent for primary prophylaxis for stroke prevention in atrial fibrillation (SPAF) was fine, but should not be mandatory or affect choice in secondary prevention of stroke. Stroke and Cardiology had expressed a desire to attend the network meeting to express their views.</p> <p>Update: DC, POB &amp; KMcC attended the network DOAC meeting 10/4/19, along with specialists from HUTH, NLAG and York. Four companies presented. Items discussed included patents, antidotes and rebate schemes. The proposal outcome was to use edoxaban as first line agent for new patients treated for SPAF and to review the situation in one year. Hull and ER CCG will need to confirm a rebate scheme and guidance will need to be altered to show edoxaban as first line treatment for SPAF. The decision to suggest edoxaban was based on the fact that there is little clinical difference between the four DOACs in the</p>	<p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete. Action complete.</p> <p>New Action: POB to write paper for discussion at D&amp;T and TC.</p>				<p>4/19</p> <p>4/19</p> <p>4/19</p> <p>4/19</p> <p>4/19 4/19</p> <p>5/19</p>
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			Ongoing.	AS will raise at ID & ACAT meetings	AS	4/19	
2019.04.05	<b>New Product Requests</b>	<p>None this month</p> <p>SR said he had received many requests from gastro to supply sucralfate liquid, an unlicensed special, costing approximately £500 a month.</p>	HUTH agreed to look into this, and raise at MMIG and HERPC	WH to check prices, availability and agenda for MMIG/HERPC	WH	5/19	
2019.04.06	<b>NICE Guidance</b>	<p>NG121 Intrapartum care for women with existing medical conditions or obstetric complications and their babies</p> <p>SG said the guidance, that includes Entonox<sup>®</sup>, had prompted him to consider whether medical gases should be included on formulary. POB is to become a member of the medical gases committee. He will provide a list of gases already in use, for addition to formulary. It was also agreed that any new medical gases should be discussed by D&amp;TC prior to addition to formulary.</p> <p>NG122 Lung cancer: diagnosis and management</p>	<p>All drugs/groups on formulary.</p> <p>POB to provide list of medical gases for formulary inclusion</p> <p>All drugs/groups on formulary,</p>	<p>Medical gases list to be discussed in May</p> <p>No further action</p>	POB	5/19	4/19

		<p>TA565 Benralizumab for treating severe eosinophilic asthma</p> <p>TA566 Cochlear implants for children and adults with severe to profound deafness</p> <p>TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies</p> <p>TA568 Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)</p> <p>TA569 Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer</p> <p>TA 570 Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal)</p> <p>TA571 Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib</p> <p>TA572 Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes</p> <p>CG103 Delirium: prevention, diagnosis and management</p>	<p>except brigatinib TA571 (on today's agenda).</p> <p>AM will ask Dr Faruqi to submit application.</p> <p>Noted - not a drug.</p> <p>ML to ask Dr Allsup to submit application.</p> <p>Noted.</p> <p>On formulary.</p> <p>On formulary.</p> <p>ML has prepared an application.</p> <p>AM to ask Endocrinology if interested.</p> <p>Noted.</p>	<p>AM to ask for application</p> <p>No further action</p> <p>ML to ask for application</p> <p>No further action</p> <p>No further action</p> <p>No further action</p> <p>ML to send &amp; WH to agenda</p> <p>AM to write to endocrinology.</p> <p>No further action</p>	<p>AM</p> <p>ML</p> <p>ML/WH</p> <p>AM</p>	<p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p>	<p>4/19</p> <p>4/19</p> <p>4/19</p> <p>4/19</p>
2019.04.07	<b>Trust Guidelines</b>	<p><b>Guidelines for Management of Electrolytes in Adults</b>  Written &amp; modified in response to NHSI PSA from August 2018 relating to hyperkalaemia. The guideline was approved at Clinical Effectiveness, Policies &amp; Practice Development (CEPPD) Committee meeting last week.  SG told the committee it is his intention, to comply with the alert actions, to set up a hyperkalaemia information page on Pattie,</p>	Approved.				

		<p>including the adult and children's guidelines, renal specific guidance and links to resources, an awareness video and the PSA. He will also write an email to be sent out to HUTH staff informing them of the existence of this new page and guideline. The second page contains a flowchart which SG intends to have laminated and used as a poster on all wards.</p> <p>HK questioned the availability on wards of the recommended treatments, and explained the difficulty in obtaining fluids for paediatrics which did not contain potassium and cited 0.45% dextrose as an example. SG had already looked at calcium gluconate, which was widely available and calcium chloride was available in emergency boxes. SG had reviewed 2 years of hyperkalaemia Datix reports, which did not highlight any issues about obtaining these 2 injections.</p> <p>Concerns were raised about the process for making Junior Doctors aware of guidelines in general, it was suggested it could be included at induction and HL felt nursing staff should also be included this. The committee agreed that although this was an issue it was not for D&amp;T to resolve the appropriate use of Pattie. It was agreed that SG would contact junior doctors (via forum) and ask them how they would like this kind of information to be disseminated.</p>	<p>POB will ask Ann K, F&amp;W HG lead pharmacist, to discuss further with HK.</p> <p>SG to contact junior doctor forum.</p>	<p>AK to discuss with HK</p> <p>SG to ask junior doctors about dissemination</p>	<p>POB</p> <p>SG</p>	<p>4/19</p> <p>4/19</p>	
2019.04.08	<b>MHRA Drug Safety Update</b>	<p><b>March 2019</b> Fluoroquinolone antibiotics: new restrictions and precautions for use due to very rare reports of disabling and potentially long lasting or irreversible side effects.</p> <p>Onivyde (Irinotecan, liposomal formulations): reports of serious and fatal thromboembolic events</p> <p>Medicines with Teratogenic potential : what is effective contraception and how often is pregnancy testing needed</p>	<p>Noted. ID are aware.</p> <p>WH to check if liposomal formulations used by HUTH.</p> <p>Noted.</p>	<p>No further action</p> <p>WH to check status</p> <p>No further action</p>	<p>WH</p>	<p>4/19</p> <p>5/19</p> <p>4/19</p>	
2019.04.10	<b>Minutes from HERPC</b>	January 2019	Noted.	No further action		4/19	
2019.04.11	<b>Formulary</b>	Chapters 4 – 6 of formulary have been reviewed. KMcC asked	Approved.	WH to update	WH	5/19	

	<b>Review Chapters 4 - 6</b>	what HUTH would do if a patient was admitted on the benzodiazepine preparations (e.g. lorazepam) that had been removed from the formulary. SG said HUTH would aim to continue with the patient's own supply, or could prescribe an alternative.		the formulary document with these changes.			
2019.04.12	<b>Regional Medicines Optimisation Committees</b>	<a href="https://www.sps.nhs.uk/articles/regional-medicines-optimisation-committee-newsletter-issue-2-2019/">https://www.sps.nhs.uk/articles/regional-medicines-optimisation-committee-newsletter-issue-2-2019/</a> POB informed the committee that HUTH are above 95% in all switches to biosimilars with the exception of adalimumab, and they were now looking at second switching, which would result in savings between HUTH and the two CCGs. RMO have been asked to look at evidence for sequential use of biologicals. HUTH currently have 4 options instead of 3, if a 5 <sup>th</sup> is required then an IFR would be required. Going forward CCG could introduce blueteq form for all CCG funded medicines.	Noted	No further action			4/19
2019.04.13	<b>D&amp;T Attendance 18-19</b>	Attendance was discussed. DC said he had been in contact with Louise Beedle who had hopefully found a lay member to attend D&TC.	Noted.	No further action			4/19
2019.04.14	<b>D&amp;T Product Requests 18-19</b>	Another busy year for the committee, with 37 new product requests discussed.	Noted.	No further action			4/19
2019.04.15	<b>Review Unlicensed List</b>	POB informed the committee that iloprost, which was on the unlicensed list, was now available as a licensed product. Sucralfate liquid was not on the list, but WH will look at HUTH use of unlicensed liquid as above.	Add iloprost to May D&TC agenda.	WH to agenda	WH	5/19	
2019.04.16	<b>Correspondence received</b>	<b>QV cream Dr Zaman</b> Dr Zaman had replied to D&TC and requested that Cetraben be removed from formulary and replaced with QV cream.	WH to add to MMIG/HERPC agenda.	WH to agenda	WH	5/19	
2019.04.17	<b>Chairs approvals</b>	None this month.  AM told the committee he had previously given chair's approval for benzbromarone, but had not seen an application from Dr Middleton yet. SG confirmed a draft had been sent, but a signed version had not yet been received.	OO agreed to chase and send a signed copy to SG.	OO to chase application	OO	5/19	

2019.04.18	<b>Issues to escalate to OQC</b>	No issues to escalate this month.					4/19
2019.04.19	<b>Any Other Business</b>	ML commented on the inappropriateness of the meeting room, with no Wi-Fi or phone socket for the spider phone. WH would investigate other room venues, where the board room was unavailable.	Noted.	No further action			4/19
2019.04.20	<b>Date and Time of Next Meeting</b>	<b>Date:</b> Thursday 9 <sup>th</sup> May 2019 <b>Time:</b> 8.15-9.30 <b>Venue:</b> Pathology Meeting Room, HRI					