

## Drug and Therapeutics Committee – Minutes – Confirmed

<b>Date / Time</b>	Thursday 9 <sup>th</sup> May 2019 8:15am – 9:30am
<b>Venue</b>	Pathology Meeting Room , Pathology Department, HRI
<b>Chair</b>	Prof M Lind, Vice Chair, Professor of Oncology
<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 Dr F Umerah, Consultant Anaesthetist Dr A Samson, Infectious Diseases Consultant Dr S Raise, GP ER CCG (via phone link)
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<b>Apologies</b>	Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Prof A Morice, Chair, Professor of Respiratory Medicine Dr O Ogunbambi, Consultant Rheumatologist Dr H Klonin, Consultant Paediatrician
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2019.05.01	<b>Apologies</b>	As above.					
2019.05.02	<b>Declarations of Interest</b>	None.					5/19
2019.05.03	<b>Minutes of the previous meeting</b>	Accepted as a true record. On page 5 CG104 was actually CG103. Minutes to be amended for accuracy.	WH to amend minutes.	Amend minutes.	WH	6/19	
2019.05.04	<b>Action Tracker</b>	<p><b>Out of Hours Flowchart</b> Completed and on agenda for discussion.</p> <p><b>Tracker: Erenumab</b> Minutes from Hull &amp; ER CCG to be sent to HUTH. KMcC not present.</p> <p><b>DSU</b> Ipilimumab: reports of CMV GI Infection. ML had emailed relevant colleagues.</p> <p><b>Tracker – DOAC letter</b> POB to write paper for D&amp;T and TC.</p> <p><b>Tracker – DOAC</b> WH had circulated a table of the Trust Pharmacy warfarin orders and issues over the past 12 months, demonstrating that it was still prescribed and supplied regularly on discharge.</p> <p><b>Correspondence Received</b> AS had raised dalbavancin at ACAT. There had not been an ID business meeting, the next is mid-June, but attendees will be the same as ACAT.</p> <p><b>New Product Requests</b> WH had checked availability and prices. The product is relatively</p>	<p>Action complete.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Action complete.</p>	<p>KMcC to chase</p> <p>To present in June</p>	<p>KMcC</p> <p>POB</p>	<p>3/19</p> <p>5/19</p>	<p>5/19</p> <p>5/19</p> <p>5/19</p> <p>05/19</p>

	<p>cheap to HUTH, compared to the cost for primary care. Possibility HUTH could arrange for Boots to supply from Mawdsleys. Supply of sucralfate licensed/unlicensed has already been added to MMIG agenda for further discussion.</p> <p><b>NICE Guidance</b> POB had provided a list of medical gases, for addition to the trust formulary.</p> <p><b>NICE Guidance</b> AM has requested an application for TA565 Benralizumab for treating asthma.</p> <p><b>NICE Guidance</b> TA567 Tisagenlecleucel - ML still to request application.</p> <p><b>NICE Guidance</b> TA571 Brigatinib - ML has submitted application, on agenda</p> <p><b>NICE Guidance</b> TA572 Ertugliflozin - AM has written to Endocrinology asking if they would like to submit an application.</p> <p><b>Trust Guidelines</b> POB had asked the paediatric pharmacist to liaise with HK regarding the availability of specific fluids for children.</p> <p><b>Trust Guidelines</b> SG had discussed the junior doctor forum with Dr Helen Collinson. SG had sent an email with no reply, but it was thought the forum lead was currently on maternity leave. SG has produced hyperkalaemia posters, asking ward pharmacists to take them to their adult wards and discuss them with junior doctors. He has also conducted a survey with a sample of junior doctors, asking how they would like to receive information on and access the guidelines. Adult, renal-specific, paediatric and neonatal guidelines were now all available on the intranet, in compliance with the national patient safety alert. A Trust global e-mail had</p>	<p>Action complete.</p> <p>New action: WH to add approved gases to formulary.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p>	<p>Formulary to be updated.</p> <p>ML to request</p>	<p>WH</p> <p>ML</p>	<p>6/19</p>	<p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p>
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		<p>been sent, a specific hyperkalaemia intranet landing page and intranet home page news item had been created, where the alert, guidelines and 2 videos all were accessible. There was also a 1 page printable adult hyperkalaemia guideline document, based on the national renal.org guideline. A FY1 teaching session was planned on 9/5/19 and a grand round presentation on 5/7/19 too.</p> <p><b>DSU March 19</b> WH had checked - Liposomal irinotecan is not on formulary or in use at HUTH.</p> <p><b>Formulary Review</b> WH has updated formulary chapters 4-6.</p> <p><b>Review of Unlicensed List</b> Licensed iloprost is on agenda for discussion.</p> <p><b>Correspondence Received</b> WH has added Cetraben change to QV cream to MMIG and HERPC agendas.</p> <p><b>Chairs Approval</b> OO to chase signed copy of benzbromarone application.</p>	<p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Ongoing.</p>				<p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p>
2019.05.05	<b>New Product Requests</b>	<p><b>Ciclosporin 0.1% Single Use Eye Drops (Verkazia®)– Vernal Keratoconjunctivitis – Mr U Mahmood</b> Although Ikervis® brand is already available on formulary it is licensed for severe keratitis in adults. Verkazia has the advantage of being licensed for use in this specific condition, in children from 4 years and has approval from the SMC.</p> <p><b>Fluorescein IV for Oral Use in Paediatrics – Diagnostic Agent – Mr U Mahmood</b> Currently use of fluorescein IV in paediatrics requires cannulation and a paediatric nurse present to administer. This will be a single use diagnostic agent. Mr Mahmood has submitted a draft protocol with the application. Two ophthalmology nurses were going to visit Sheffield where oral fluorescein is now routinely used, to observe their procedures. The committee felt the under 18 years dose calculation in the draft protocol was unclear/confusing, and this will need to be discussed in more detail by the Clinical Effectiveness, Policies and Practice</p>	<p>Approved.</p> <p>Approved, but needs referral to CEPPD Committee. Protocol needs modification to make paediatric doses clear, and liaison with paediatric/F&amp;W HG lead</p>	<p>ML to write to applicants. WH to update formulary</p>	<p>ML/WH</p>	<p>6/19</p>	

		<p>Development (CEPPD) Committee.  FU raised the issue of anaphylaxis which takes longer to manifest in oral preparations. The test will be started after the dye shows in the eye, so after absorption; then takes no longer than 45 minutes to complete, by which time it was felt that any signs of anaphylaxis would be visible and could be treated while in the hospital clinic.</p> <p><b>Betesil® Medicated Plasters – Inflammatory Skin Conditions - Dr R Zaman</b>  SG informed the committee that a similar product Haelan® tape (Fludroxycortide) was previously on formulary but had not been available for some time. However, whilst reviewing Betesil® it became apparent that Haelan® tape is available once more. Compared to Haelan, this product covered twice the skin area for a similar price, and use was short term. The committee approved the product with the understanding that cost implications and impact on primary care could be discussed at HERPC.</p> <p><b>Iloprost injection – Licensed Product Now Available</b>  Licensed product now available, at the same price as unlicensed product in current use by vascular surgery and rheumatology. The guideline for iloprost is to be updated by the trust Rheumatology and Surgery pharmacists.</p> <p><b>Mexiletene (NaMuscla®) – for the treatment of myotonia in patients with non-dystrophic myotonic disorders – NHSE SSC2001</b>  Hull is now listed as specialist centre for this treatment but currently does not have any patients, possibly due to them being treated by Leeds/ Sheffield before Hull became a centre. It was agreed if this changed, a new product application would be required, that would need to cite the NHSE circular.  SG informed the committee that pain clinic currently use an unlicensed version of mexiletene but this is different brand and strength to the one recommended in the circular.</p> <p><b>Patent Blue V injection PFS – Change from unlicensed drug to CE medical device</b>  There are currently supply issues with unlicensed ampoules of Patent Blue V. SG had brought a CE marked PFS to show the group, which is the same strength as the unlicensed and ready to use. SG had discussed use with Mr Grover and Mr Haeney, who</p>	<p>Pharmacist, Ann Kristensen.</p> <p>Approved.</p> <p>Approved to move iloprost injection from unlicensed list to formulary.</p> <p>Noted.</p> <p>Approved.</p>	<p>WH to add to formulary and include “Medical Device”</p>	<p>WH</p>	<p>6/19</p>	
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		<p>were both happy to change to the medical device syringe product.</p> <p><b>ARIA Requests</b> SG informed the committee that AM had commented on the forms not being completely filled in.</p> <p><b>Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib TA571 – Prof M Lind</b></p> <p><b>Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy TA579 – Dr A Dhadda</b></p> <p>SG asked ML if a submission would be required for TA563 - Abemaciclib with an aromatase inhibitor. It was agreed that as 2 ARIA regimes would need to be built, 2 forms would be required.</p> <p><b>Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma TA562 – Dr D Ranatunge.</b></p>	<p>Approved.</p> <p>Approved.</p> <p>Request form needed for TA563.</p> <p>Approved.</p>	<p>SG to request form for TA563.</p>	<p>SG</p>	<p>6/19</p>	
2019.05.06	<b>NICE Guidance – April 2019</b>	<p>NG123 Urinary incontinence and pelvic organ prolapse in women: management. Anticholinergic group includes most drugs, but darifenacin, oxybutynin topical gel and trospium MR are not on formulary. Oxybutynin patches and plain trospium are, so there is still a wide choice of drugs and formulations.</p> <p>NG124 Specialist neonatal respiratory care for babies born preterm. Caffeine citrate not listed on formulary. It was thought this was a mistake, as caffeine citrate has been used by the trust for many years. WH to check old minutes and if product is licensed or unlicensed.</p> <p>NG125 Surgical site infections: prevention and treatment.</p> <p>NG126 Ectopic pregnancy and miscarriage: diagnosis and initial management.</p> <p>NG121 Intrapartum care for women with existing medical</p>	<p>Noted.</p> <p>Caffeine citrate omission to be resolved.</p> <p>All drugs/groups on formulary.</p> <p>All drugs/groups on formulary.</p> <p>Noted.</p>	<p>No further action</p> <p>WH to look at caffeine citrate</p> <p>No further action</p> <p>No further action</p> <p>No further</p>	<p>WH</p>	<p>6/19</p>	<p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p>

		<p>conditions or obstetric complications and their babies (Update).</p> <p>TA573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma.</p> <p>TA574 Certolizumab pegol for treating moderate to severe plaque psoriasis.</p> <p>TA575 Tildrakizumab for treating moderate to severe plaque psoriasis.</p> <p>TA576 Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal).</p> <p>TA577 Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma.</p> <p>CG132 Caesarean section.</p>	<p>On formulary.</p> <p>On formulary for rheumatology, but need to contact dermatology.</p> <p>Not on formulary</p> <p>Noted.</p> <p>On formulary.</p> <p>Noted.</p>	<p>action</p> <p>No further action</p> <p>ML to ask if Dermatology want to make a new product request</p> <p>ML to ask if Dermatology want to make a new product request</p> <p>No further action</p> <p>ML to check if Hull will use</p> <p>No further action</p>	<p></p> <p>ML</p> <p>ML</p> <p></p> <p>ML</p> <p></p>	<p></p> <p>6/19</p> <p>6/19</p> <p></p> <p>6/19</p> <p></p>	<p>5/19</p> <p></p> <p></p> <p>5/19</p> <p></p> <p>5/19</p>
2019.05.07	<b>MHRA Drug Safety Update – April 2019</b>	<p><b>April 19</b> Yellow fever vaccine and fatal adverse reactions SR said his GP practice was a yellow fever centre and he would discuss the DSU with his nurses to ensure they are aware.</p> <p>Valproate Medicines and Serious Harm in Pregnancy.</p> <p>Belimumab increased risk of psychiatric events seen in clinical trials.</p> <p>Pregabalin/Gabapentin and risk of abuse and dependence.</p> <p>Elvitegravir boosted with cobicistat: avoid use in pregnancy.</p>	<p>SR to discuss with practice nurses.</p> <p>Noted.</p> <p>Not on formulary. Noted.</p> <p>Information already circulated within Trust.</p> <p>Noted. Not used this way in Trust.</p>	<p>SR to discuss with practice nurses</p> <p></p> <p></p> <p></p> <p></p>	<p>SR</p> <p></p> <p></p> <p></p> <p></p>	<p>6/19</p> <p></p> <p></p> <p></p> <p></p>	<p></p> <p>5/19</p> <p>5/19</p> <p>5/19</p> <p>5/19</p>

2019.05.08	<b>Out of Hours Flowchart</b>	Written to provide advice/guidance to pharmacists when asked to obtain non-formulary/expensive products – particularly out of hours on-call, after two recent incidents involving junior pharmacists. It was queried how junior pharmacists would know which medicines were funded. POB pointed out that NHSE website had a list of specially commissioned circulars on their website.	Approved.	POB to disseminate to on-call pharmacists	POB		5/19
2019.05.09	<b>Minutes from HERPC</b>	None this month.	No action.				5/19
2019.05.10	<b>Minutes from SMPC</b>	Minutes from 12 <sup>th</sup> February meeting.	Noted.	No further action.			5/19
2019.05.11	<b>Regional Medicines Optimisation Committees</b>	No documents this month.					5/19
2019.05.12	<b>Correspondence received</b>	Symtuza® application (unsigned) sent by Lorraine Cullen. Initially required for a patient who has moved from Germany and has only 10-14 days' supply left. NHSE Clinical commissioning policy: Use of Cobicistat as a booster in treatment of HIV infection (all ages) Reference: NHS England F03/P/b circulated in support of application.  Oral Midazolam Ozalin® – Email from Dr Ian Smith asking the committee to consider this product. The committee agreed that a comparison table between currently used midazolam injection, buccal midazolam and Ozalin should be drawn up and discussed next time.	Chairs approval given, signed application to be submitted.  WH to produce comparison table.	WH to inform LC of committee's decision  WH to add to June agenda	WH  WH	6/19  6/19	
2019.05.13	<b>Chairs approvals</b>	Symtuza® – HIV 1 - Lorraine Cullen – Approved by Prof Lind	Noted, as above.				5/19
2019.05.14	<b>Issues to escalate to OQC</b>	None this month.					5/19
2019.05.15	<b>Any Other Business</b>	POB had received a request from Dermatology asking the trust to stock a range of SunSense products. Currently only SPF 50 is	POB to inform Dermatology of	POB to write to	POB	6/19	

		<p>stocked, as it is the only product in the range currently available on the drug tariff. Therefore POB informed the committee he would suggest replying saying unfortunately none of the other products can be added to formulary as they could not be continued by the GP, and the committee agreed with this decision.</p> <p>It was noted that the formulary document listed "RoC® Total Sunblock Factor 25", but this product had been discontinued and replaced by SunSense SPF 50. The formulary would therefore be amended to now list SunSense SPF 50.</p>	<p>the formulary &amp; drug tariff situation.</p> <p>Formulary to change from Roc to SunSense.</p>	<p>Dermatology.</p> <p>WH to amend formulary</p>	<p>WH</p>	<p>6/19</p>	
2019.05.16	<b>Date and Time of Next Meeting</b>	<p><b>Date:</b> Thursday 13<sup>th</sup> June 2019  <b>Time:</b> 8.15-9.30  <b>Venue:</b> Meeting Room 3, Family and Women's Building, HRI</p>					