Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 14th February 2019 8:15am – 10:00am
Venue	Rheumatology Seminar 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 (until 9.25am) Mrs A Megias-Bas, Medicines Optimisation Pharmacist, NECS (via phone link) Dr A Samson, Infectious Diseases Consultant Prof M Lind, Vice Chair, Professor of Oncology Dr F Umerah, Consultant Anaesthetist Dr O Ogunbambi, Consultant Rheumatologist Mr R Kapur, Vascular Surgeon
Apologies	Mr K McCorry, Medicines Optimisation Pharmacist, NECS Dr S Raise, GP ER CCG Dr H Klonin, Consultant Paediatrician

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2019.02.01	**Apologies**	As above.					
2019.02.02	**Declarations of Interest**	None.					02/18
2019.02.03	**Minutes of the previous meeting**	Accepted as a true record.					02/19
2019.02.04	**Action Tracker**	**Minutes of the previous meeting** KMcC had sent the clarification text to AM and this had been added to the minutes. WH had amended the text re lidocaine and AREDs. **Tracker** ML to submit Atezolizumab TA492/TA520/TA525. POB agreed to chase the application forms. **New Process for Oncology Requests** SG has been liaising with SS regarding new cancer drugs. The new process has been reviewed and generally works well. POB had discussed amendments to the form with SS. **Out of Hours Flowchart** POB has updated and sent to DC. The document has been shown to junior pharmacists who had difficulty following it. Updated document to be discussed at next meeting. **Tracker – NICE Guidance** SS had confirmed that niraparib (TA528) was already in routine use and built into Aria, so no new application was needed. **Tracker – NICE Guidance** WH has added lutetium (TA539) to the rear of the formulary **Tracker – Erenumab** DC has discussed with HEY medical directors and	 Action complete. Action complete. ML to submit application. Action complete. Action complete. Discuss at March meeting. Action complete. Action complete. Action complete.	 POB to chase. DC to discuss at March meeting.	 ML /POB DC	 08/18 11/18	 02/19 02/19 02/19 02/19 02/19 02/19 02/19

		commissioning/finance, who have agreed to await NICE guidance, in line with the CCGs decision. POB requested AMB forward minutes from both Hull and ER CCGs to support the decision, in the event of a challenge by a patient group. **Tracker – Erenumab** WH to add FOC document to agenda. **AOB – MHRA Radium Alert** POB had already circulated this alert to main users. **New Product Requests** AM has written to applicants and WH has updated the formulary. SG has showed AM the national paediatric guidelines on cannabidiol. **NICE Guidance** ML to request an application for gemtuzumab ozogamicin TA545. SS had confirmed that this agent had already been used in trials but there were no plans to use it. To be added to rear of formulary, as available on chair's approval. **NICE Guidance** AM has written to gastroenterology regarding an application for tofacitinib.	AMB to send Hull & ER minutes to POB. Agenda for March Action complete. Actions complete. Action complete. WH to add to rear of formulary Action complete.	WH to agenda for March WH to add to rear of formulary	AMB WH WH	03/19 03/19 03/19	02/19 02/19 02/19 02/19
2019.02.05	**New Product Requests**	**Linagliptin – Initiation – Prof T Sathyapalan** Linagliptin is already on formulary for continuation of treatment. This was a full application to enable linagliptin to be initiated. Endocrinology recommend that alogliptin remain first line and that saxagliptin now be listed as "for continuation only". **Inhaled Levofloxacin hemihydrate (Quinsair) – CF – Dr D Shiferaw/Nicky Bush** This product has an NHSE clinical commissioning policy regarding its use. CF specialists wish to use it as a third line option. The committee agreed to add to formulary with the annotation "CF specialists only, in line with NHSE policy" **Apomorphine (Dacepton) Brand Line Extension – Parkinson's Disease – Dr A Ming**	Approved. Approved. Approved.	AM to write to applicants WH to update formulary	AM/WH	03/19	

		Dr Ming has written to the committee requesting this line extension. The Dacepton brand comes as a cartridge for use in a pen device and a solution for infusion. The cartridge has the advantage of a longer shelf life (15 days) than the current APO-go brand and also the pen device has a dial up facility allowing 500microgram increments to be given, unlike the current product which only allows for 1mg increments. The Dacepton infusion solution has a 7 day expiry, rather than single use for APO-go. The longer in-use shelf life should make treatment less expensive for patients on lower doses. The licensing of the Dacepton brand is the same as the current product. **Valganciclovir Liquid (Line Extension) – CMV in infants – Ann Kristensen/Dr Yates** Valganciclovir was already on the formulary. NICU wanted access to the liquid for treatment of babies with congenital CMV infection. <u>Post-meeting note</u>: It was thought that this preparation was unlicensed, but it has been confirmed that the liquid is a licensed product, but would be used outside its licence ("off label").	Approved.				
2019.02.06	**NICE Guidance**	**<u>December 2018</u>** NG114 Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing NG115 Chronic obstructive pulmonary disease in over 16s: diagnosis and management NG116 Post-traumatic stress disorder NG117 Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing TA 548 Decitabine for untreated acute myeloid leukaemia (terminated appraisal) TA549 Denosumab for preventing skeletal-related events in multiple myeloma (terminated appraisal) TA550 Vandetanib for treating medullary thyroid cancer	All antibiotics on formulary. All drugs/groups on formulary. All drugs/groups on formulary. All antibiotics on formulary. Not on formulary. Noted. On formulary.	WH to add NICE TA's to back of formulary	WH	03/19	

		TA551 Lenvatinib for untreated advanced hepatocellular carcinoma**.** Consultant who treats this area does not want to use because of toxicity.	Add to back of formulary.				
		TA 552 Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia**.** Currently using in trials so won't use this TA currently.	Add to back of formulary.				
		TA 553 Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence	On formulary.				
		TA554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years. For use in CAR – T specialist centre only, situated in Newcastle, so HEY will not use.	Add to back of formulary.				
		CG 62 Antenatal care for uncomplicated pregnancies	Noted.				
		January 2019 NG118 Renal and ureteric stones: assessment and management	All drugs/groups on formulary.				
		NG119 Cerebral palsy in adults	All drugs/groups on formulary.				
		TA555 Regorafenib for previously treated advanced hepatocellular carcinoma	On formulary.				
		TA556 Darvadstrocel for treating complex perianal fistulas in Crohn's disease (not recommended)	Not on formulary.				
		TA557 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer	All on formulary.				
		TA558 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease	On formulary.				
		TA559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies.	Add to back of formulary.				

		For use in CAR – T specialist centre only, situated in Newcastle, so HEY will not use.					
2019.02.07	**Supply Issues with Low Molecular Weight Heparins**	**Dalteparin/Tinzaparin/Enoxaparin** A briefing paper had been circulated by POB. In November, due to a significant shortage in dalteparin, the trust had to switch to tinzaparin as its main LMWH. The shortages were due to issues with Pfizer's French plant, which have now been resolved. Consequently there has been an increase in global demand for tinzaparin, which means only 85% of product required for the UK market is available. The 9 biggest use trusts in the UK have been asked to switch to alternatives, to allow smaller users to continue with tinzaparin. HEY Thrombosis Committee has agreed to switch back to dalteparin, which will reduce the pressure on supply issues for tinzaparin elsewhere. Pfizer have agreed to support HEY switching back to dalteparin. The trust considered the use of enoxaparin but understands that this LMWH has also had supply issues. HEY use of tinzaparin has highlighted many issues regarding recording of patient's weights within the trust, and the need to record the weight of the patient on the drug chart as well as in the patient's notes. Thrombosis committee had already escalated this issue.	Paper noted. Change back to dalteparin approved.	No further action for D&TC.			02/19
2019.02.08	**Prescribing Guidelines**	**Rivaroxaban for treatment of cancer associated VTE – Prof A Maraveyas** This guideline, based on the SELECT-D trial, would mean patients could have an oral DOAC, rather than injectable LMWH. It has been approved by Thrombosis Committee. Rivaroxaban is licensed for treatment of DVT, treatment of PE and prevention of recurrent DVT and PE. ML said that there has been a nurse led PE pathway in oncology for many years which could be adapted to include this change.	Approved.	AM to write to Prof Maraveyas	AM	02/19	
2019.02.09	**Items Which Should Not Be Routinely Prescribed in Primary Care: an update and a consultation on further guidance**	The key items in section 5 "**Proposals for new Commissioning Guidance**" were: **5.1 Aliskiren** – Recommendation to stop all patients. On joint formulary as Blue, so should not be initiated by primary care. **5.2 Amiodarone** – Recommendation to not initiate in primary care. On joint formulary as Blue, so should not be initiated by	Alert renal team to proposal for Aliskiren	SG to liaise with renal Pharmacist	SG	03/19	

	for CCGs – 28/11/2018, Gateway No 08625	primary care. **5.3 Bath & Shower Preparations** – Zerolatum bath and Dermol preparations are on joint formulary as Green. To be discussed at MMIG/HERPC. **5.4 Glucose Testing –** not for D&T committee **5.5 Dronedarone** – Recommendation to not initiate in primary care. On joint formulary as Red, so should not be initiated by primary care. **5.6 Minocycline for acne** – Recommendation to stop all patients. On joint formulary as Blue & "see Dermatology Guidelines", so should not be initiated by primary care. The alternative, lymecycline, is on the joint formulary as Blue. **5.7 Needles for Pre-Filled and Reusable Insulin Pens –** not for D&T committee. **5.8 Silk Garments –** not for D&T committee.	Discuss at HERPC.	WH to agenda for HERPC	WH	03/19	
2019.02.10	**MHRA Drug Safety Update**	**<u>November 2018</u>** Hydrochlorothiazide – risk of non-melanoma skin cancer	Noted, non-formulary.				02/19
		Systemic and Inhaled Fluoroquinolones – small increase in risk of aortic aneurysm AS confirmed that long-term use patients would be under ID and would be counselled appropriately.	ID specialists to be informed.	AS will inform ID colleagues	AS	03/19	
		Sildenafil – PPHN following in utero exposure	AM will discuss with PH colleagues.	AM will inform PH colleagues	AM	03/19	
		<u>December 2018</u> Oral lidocaine-containing products: only to be available under pharmacist supervision – not on formulary	Noted, non-formulary/OTC use.				02/19
		Valproate – Pregnancy Prevention Programme	Noted.				02/19

		Emollients – risk of severe and fatal burns Direct acting antivirals for chronic Hepatitis C – risk of hypoglycaemia in patients with diabetes Hydrocortisone buccal tablets: should not be used off-label in children **<u>January 2018</u>** Tapentadol – risks of seizures and reports of serotonin syndrome when co-administered with other medicines Ipilimumab: reports of CMV GI infection or reactivation	To be discussed at HERPC. ID specialists to be informed. Noted. Non-formulary. ML will discuss with colleagues.	WH to agenda for HERPC AS will inform ID colleagues SG to discuss with AK ML will inform colleagues	WH AS SG ML	03/19 03/19 03/19 03/19	 02/19
2019.02.11	**Minutes from SMPC**	September 2018	Noted.				02/19
2019.02.12	**Minutes from HERPC**	September 2018	Noted.				02/19
2019.02.13	**Formulary Review**	<u>Chapters 1, 2 & 3</u> AM, SG and AR had met to review the first three chapters of the formulary. Discontinued items have been removed, first line agents identified and gastrograffin has been added to chapter one.	Approved.	WH to update published formulary	WH	03/19	
2019.02.14	**Regional Medicines Optimisation Committee**	• South RMOC update Nov 18 • Homely Remedies Position Statement • Homely Remedy Template Policy • Guidance Prescribing of Liothyronine • Pharmacy & Medicine Optimisation Newsletter • New Product Evaluations • Link to STOMP Resources AR has spoken to endocrinology, who have agreed to review all patients they have initiated on liothyronine. AMB to ask KMcC if NECS have looked at liothyronine prescribing in primary care. Newsletter referred to implementation of Falsified Medicines Directive (FMD) on 9.2.19 which has been implemented to stop the use of fake medicines under EU law. The trust is currently	Noted. AMB/KMcC to look at primary care prescribing.	AMB/KMcC to look at primary care prescribing	AMB/K McC	03/19	02/19

		non-compliant with this directive and this has been added to the risk register. Under the directive every medicine received by pharmacy must be scanned and verified. This equated to approx. 80,000 items every month. However in the event of a no deal Brexit the UK would not have access to the EU database so the process would become ineffective. The MHRA has made the GPhC responsible for overseeing the directive with the priority being to identify risk products and who is supplying them. If audited by the GPhC, the trust will need to demonstrate evidence of progression towards compliance.					
2019.02.15	**Correspondence received**	Sue Philips, the lay member, has been contacted regarding attendance. She had indicated that she would be unable to attend regularly in future, so wished to resign from the committee. She suggested that the patient council would need to nominate a new lay member. The committee awaited further correspondence about this from Louise Beedle.	Noted, awaiting further correspondence.				02/19
2019.02.16	**Chairs approvals**	• Riboflavin – Riboflavin Transporter Deficiency – Dr Nandakumar • Mercaptamine – Nephropathic Cystinosis - Dr M Edey • Inhaled Levofloxacin – CF –Nikki Bush Senior Pharmacist (Approved by ML) • Benralizumab – Asthma – Dr Faruqui (2 patients) • Olaparib - BRCA positive ovarian cancer – Dr G Bozas	Noted.				02/19
2019.02 17	**Issues to escalate to OQC**	None					02/19
2019.02.18	**Any Other Business**	Keith Ridge Chief Pharmaceutical Officer has issued a letter regarding medicines supply issues in the light of Brexit. POB explained that the government has arranged a 6 week stock pile of medicines to cover the period of uncertainty. Serious Shortage protocols have been written to cover shortages, which include the need for switching, changing brands, etc. At present it is impossible to forecast which medicines will be affected. POB has shared this information with Trust planning and the Health Groups.	Noted.				02/19
2019.02.19	**Date and Time of Next Meeting**	Thursday14th March – 8.15 – 9.30am, Clinical Skills Building					