

## Drug and Therapeutics Committee – Minutes – Confirmed

<b>Date / Time</b>	Thursday 11 <sup>th</sup> June 2020 8:15am – 9:20am
<b>Venue</b>	Webex
<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 P O'Brien, Deputy Chief Pharmacist Dr S Raise, GP ER CCG Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Mr K McCorry, Medicines Optimisation Pharmacist, NECS Dr B Ali, GP Hull CCG Ms J Morgan, Professional Secretary, Senior Principal Pharmacist – Formulary Dr H Klonin, Consultant Paediatrician Dr F Umerah, Consultant Anaesthetist, HUTH Dr A Sampson, Infectious Diseases, HUTH (until 9am)
<b>Apologies</b>	Prof M Lind, Vice Chair, Professor of Oncology Dr O Ogunbambi, Consultant Rheumatologist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2020.06.01	Apologies	As above					06.20
2020.06.02	Declarations of Interest	None					06.20
2020.06.03	Minutes of the previous meeting	Accepted as a true record					06.20
2020.06.06	Action Tracker	<p><b>New Product Request</b> ML has written to interventional radiology. JM said there is still the issue over patients being transferred onto wards were nursing staff will be unfamiliar with the treatment. JM requested protocol written and sent on UCL version– ML not present discuss next time</p> <p><b>New Product Requests</b> Selexipag – AM has written to applicants and WH has updated formulary</p> <p><b>New Product Requests</b> Brolucizumab – KMc has discussed with CCG and they have approved for use</p> <p><b>New Product Requests</b> Dinoprostone addition to formulary – JM has received a summary of the minutes from Leeds confirming approval and confirming the reasons for the switch HUTH will be adopting their protocol</p> <p><b>Intranasal Fentanyl</b> JM and Ann Kristiansen have discussed with Dr Herrieven and AK has trained staff how to use product this includes paed ED staff and fracture clinic</p> <p><b>Intranasal Fentanyl</b> AK has discussed use with consultants</p>	Discuss next time		ML	12.19	
			Action complete		AM/WH		6/20
			Action complete		KMc		6/20
			Action complete		JM		6/20
			Action complete		JM		6/20
			Action complete		JM		6/20

		<p><b>MHRA DSU</b> KMc has contacted GP practices to ensure that treatment with Esmya Ullipristal is stopped</p> <p><b>D&amp;T Attendance</b> WH has removed Dr Roper from attendance list and DC has chased lay member with Lou Beedle but due to Covid situation recruitment of lay members is not seen as a top priority. AS suggested asking a non executive to be a lay member and DC said he would raise at Carla Ramsay session tomorrow. All members of the committee agreed that the input of a lay members perspective on the decision making process was important and that the recent situation with Covid had demonstrated that people wanted to support the NHS.</p> <p><b>Chairs Approval</b> AM has informed Dr Baguely of the committees decision regarding Tocilizumab, and gave the committee an update on the patient who although they did not receive the treatment in the end had made a recovery. AS said that since the last meeting Tocilizumab had been included in the recovery trial at HUTH</p> <p><b>Chairs Approval</b> Veliparib – ML to discuss with oncology team – ML not present to discuss leave on for next time</p> <p><b>AOB</b> The trusts request to give delamanid to a patient with multi resistant TB was turned by NHSE, however Russell Patmore has agreed that patient can receive treatment and is now being treated at home. Delamanid is already on formulary and due to Covid current protocols have been altered to take this in to consideration.</p>	Action complete		KMc		6/20
			Action complete		WH		6/20
			DC to raise at Carla Ramsey session		DC		
			Action complete		AM		6/20
			Discuss next time		ML	5/20	
			Action complete		POB		6/20
2020.06.05	<b>New Product Requests</b>	<p>Dolutegravir with Lamivudine (Dovato) – HIV – Dr H McClean Requested by CHCP has NHSE commissioning statement which clearly states when Dovato can and can't be used, ID welcome the approval of Dovato as current treatments are not always suitable for patients with Kidney and cardiovascular problems.</p> <p>Lanadelumab - prevention of recurrent attacks of hereditary angioedema – Dr Gordins</p>	Approved	AM to write applicant WH to update formulary	AM/WH	7/20	

		<p>Lanadelumab has positive NICE TA 606 and Dr Gordins has 3 patients who he would like to begin treatment with. The NHSE guidance is comprehensive and trust have access to a PAS scheme</p> <p>Aria Forms</p> <ul style="list-style-type: none"><li>• Cempiplimab TA592</li><li>• Gemtuzumab TA545</li><li>• Liposomal Cytarabine and daunorubicin TA 552</li></ul>	<p>Approved</p> <p>Approved</p>				
2020.06.06	NICE Guidance	<p><b>Nice Guidance</b></p> <p><b>April</b></p> <ul style="list-style-type: none"><li>• NG163 COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community</li><li>• NG164 COVID-19 rapid guideline: haematopoietic stem cell transplantation</li><li>• NG165 COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community</li><li>• NG166 COVID-19 rapid guideline: severe asthma</li><li>• NG167 COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders</li><li>• NG168 COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD)</li><li>• NG169 COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response</li><li>• NG170 COVID-19 rapid guideline: cystic fibrosis</li><li>• TA627 Lenalidomide with rituximab for previously treated follicular lymphoma</li><li>• NG171 COVID-19 rapid guideline: acute myocardial injury</li><li>• NG172 COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response</li></ul> <p><b>May</b></p> <ul style="list-style-type: none"><li>• NG173 COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital</li></ul>	<p>All COVID guidance is service related and does not impact on formulary. Noted</p> <p>Mentions specific Antibiotics for treatment of pneumonia all on formulary. Noted</p>	<p>No further action</p> <p>No further action</p>			<p>6/20</p> <p>6/20</p>

		<ul style="list-style-type: none"> <li>• NG174 COVID-19 rapid guideline: children and young people who are immunocompromised</li> <li>• NG175 COVID-19 rapid guideline: acute kidney injury in hospital</li> <li>• TA628 Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer</li> <li>• TA629 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab</li> <li>• NG176 COVID-19 rapid guideline: chronic kidney disease</li> <li>• NG177 COVID-19 rapid guideline: interstitial lung disease</li> <li>• TA630 Larotrectinib for treating NTRK fusion-positive solid tumours</li> </ul>	<p>Require ARIA form On formulary</p> <p>Require ARIA form</p>	WH to request ARIA form	WH	7/20	
2020.06.07	<b>MHRA Drug Safety Update</b>	<p><b>April 2020</b> Yellow card reminder Ibuprofen in Covid patients ACE Inhibitors in Covid patients</p> <p><b>May 2020</b> New Yellow Card Website Valproate pregnancy screening during pandemic Thalidomide/Lenalidomide/Pomalidomide pregnancy screening during pandemic Letters – Emerade, cypoterone acetate Drug Supply Issues AM asked POB to comment on the current situation. There are issues with core ICU drugs but the NHS are working well as a whole together. The trust use Rocuronium as its neuromuscular blocking agent but there issues with the other neuromuscular blockers which are anticipated to go on for between 6 months and 1 year. Currently looking at an imported brand of fentanyl. It is anticipated that for at least the next 6 – 9 months we will be receiving unusual presentations of medicines The two biggest concerns currently are lorazepam IV and Bleomycin. There have been intermittent supply issues with IV lorazepam over the past 4-5 years diazepam emulsion and diazepam injection are potential alternatives in adults with buccal midazolam an alternative in children. Neurology and ED paed's have made temporary changes to their protocols to cover the situation. The trust have considered an American import Carpujet cartridges</p>	Noted	No further action			6/20

		<p>Bleomycin will be out of stock until mid 2021 we have option to buy from America, however as America have blocked export of IV lorazepam it is possible this could be repeated with bleomycin</p> <p>Regarding Lorazepam HK will circulate to Dr Joses protocol to ED paedts and governance groups. Protocol to be discussed at Pharmacy governance and service governance groups aswell.</p>	HK to circulate protocol		HK	7/20	
2020.06.08	<b>Early Access To Medicines Scheme</b>	<p><b>Remdesivir</b></p> <p>Interim results for use of Remdesivir in the treatment of Covid have demonstrated a significant reduction in length of stay and there have been promising results treating people who have received oxygen therapy. Originally there were approx. 7 criteria which must be met to receive treatment with Remdesivir this guidance has subsequently been reviewed and the criteria has reduced. HUTH are currently guaranteed stock to treat 3-4 patients per week but we relax criteria in line with current guidance this would mean number of patients qualifying for treatment could increase to approx. 15 per week but HUTH would not have stock to treat. POB in discussions later today with ID to discuss this and look at how we can build numbers. POB also mentioned that there is a requirement within Yorkshire to move stock to areas where it is needed.</p>	POB to discuss criteria with ID		POB	7/20	
2020.06.09	<b>Minutes SMPC</b>	<p>March 2020 minutes</p> <p>HK ask if SMPC would be looking into the effect social distancing is having on prescribing errors. DC said he would look into this</p>	DC to confirm what F&W are doing and discuss at SMPC as appropriate.		DC		6.20
2020.06.10	<b>Minutes from HERPC</b>	<p>March 2020 minutes</p>	Noted				6.20
2020.06.11	<b>Aprotinin review of Compliance</b>	<p>Review of current situation provided by cardiology pharmacist with recommendation for Chair to write to Prof Loubani and Dr Vijayan to request an action plan be developed to complete records. Cardiothoracics have allocated a member of staff to complete documentation for current patients going forward but due to previous patients records not being 100% complete the situation is that 42% records complete 58% partially complete the MHRA requirement is for a minimum of 80% of records to be complete. D&amp; T will consider withdrawal of aprotinin from formulary if compliance is not improved.</p>	AM to write to cardiothoracic surgeons		AM	7/20	

2020.06.12	<b>Regional Medicines Optimisation Committees</b>	None this month					6.20
2020.06.16	<b>Correspondence received</b>	<p><b>Letter to Prof Morice Acarizax</b> Dr Khan had written to AM appealing the committees decision to reject Acarizax due to lack of evidence. an additional study and abstract were included with the appeal. AM will write back to Dr Khan expressing the committees doubts over efficacy of the product and asking for an explanation of what benefits it would hold over Oralvac.</p> <p><b>Interim treatment change options during the COVID 19 pandemic endorsed by NHSE</b> Includes treatment options for different patient groups and how to utilise capacity.</p> <p><b>Medicines Supply Notification – Cycloserine/Terizidone</b> Due to a long term manufacturing supply issues with cycloserine it is recommended that the trust use Terizidone as a treatment option for TB</p>	<p>AM to write to Dr Khan</p> <p>Noted</p> <p>Terizidone to be added to formulary</p>		<p>AM</p> <p>WH</p>	<p>7/20</p> <p>7/20</p>	
2020.06.17	<b>Chairs approvals</b>	<p><b>IV Doxycycline – Seroma - Mr T Symes</b> Approved by AM but situation needs to be reviewed as application still required.</p>	AM to write to Mr Symes and ask for update on patients conditions		AM	7/20	
2020.06.18	<b>Issues to escalate to OQC</b>	Lack of lay member to be escalated			DC	7/20	
2020.06.19	<b>Any Other Business</b>	<p><b>Baritop, omnipaque and EZ-HD PGDs (unlicensed use of medicines)</b> SLTs are now performing videofluoroscopy and in order to vary the thickness of contrasts would like the option to bake in EZ-HD into biscuits and mix Baritop and Omnipaque with food stuffs such as angel delight to vary fluid thickness when performing video fluoroscopy on patients.</p> <p><b>Diphoterine eye irrigating solution</b></p>	<p>JM to ask SLT head of department for guidance where this is recommended</p> <p>WH to update formulary</p>		<p>JM</p> <p>WH</p>	<p>7/20</p> <p>7/20</p>	

		<p>Ophthalmologists have requested this medical device for treatment of contamination in the eye. The formulation contains a chelating agent and is a specific pH which helps absorb contaminants from the eye</p> <p><b>Dexmedetomidine</b>  FU ask JM and WH if they could give an update on an application for the use of Dexmedetomidine during extubation. JM explained that the form had not been signed by the HG director and that this had been requested. Once sign form is received Dexmedetomidine can be discussed at D&amp;T.</p>	Approved as addition to the poisoning section				
	<b>Date and Time of Next Meeting</b>	<p><b>Date:</b> Thursday 9th July 2020  <b>Time:</b> 8.15-9.30am  <b>Venue:</b> Webex</p>					