Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 9th July 2020 8:15am – 9:30am
Venue	Webex
Chair	Prof A Morice, Chair, Professor of Respiratory Medicine
Notes / Action Points	Mrs W Hornsby, Senior Pharmacy Technician
Quorate: Yes / No	Yes
Attendance	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 Prof M Lind, Vice Chair, Professor of Oncology
Apologies	Mr R Kapur, Vascular Surgeon,HUTH Dr O Ogunbambi, Consultant Rheumatologist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2020.07.01	**Apologies**	As above					07.20
2020.07.02	**Declarations of Interest**	ML declared an interest in Kadcyla					07.20
2020.07.03	**Minutes of the previous meeting**	Accepted as a true record AM asked what the current situation with Remdesivir was. POB said as of Monday Remdesivir would become a licensed product and could be used in line with its commissioning statement which emphasises the need for the patient to be diagnosed as positive and not just suspected as was previously the case. HUTH currently has approximately 80 ampoules which is enough for 7-8 courses. POB pointed out that although it has been reported on the news that America has procured most of the stock this only relates to stock manufactured in America and UK will be able to obtain stock manufactured for the rest of the world.	Noted	No further action			07.20
2020.07.04	**Action Tracker**	**New Product Request** ML has written to interventional radiology requesting a protocol and JM has sent them the protocol used in London, but nothing has been received back. This is required to demonstrate they are adhering to the national guidance ML will chase. **Chairs Approval** Veliparib – ML was to discuss with oncology as requested to use after patient withdrawn from trial. ML said that the trial did state at clinicians discretion to continue to use. ML to discuss with consultant. **Tracker** DC has spoken to Carla Ramsay and raised at OQC the need for a lay member and this is now going to be included on a QIPP. DC said he will discuss further with Kate Rudston but is aware the trust are struggling to recruit lay members as not everyone is	ML to chase again ML to discuss with consultant DC to look into issues around recruiting a colleague as a lay		ML ML DC	12.19 5.20 8.20	

		happy about visiting the hospital unnecessarily at this time. SR explained he had a nurse colleague who would be happy to be a committee lay member but the committee questioned if this would be a conflict of interest. DC agreed to find out more information and feedback.	member				
		New Product Requests AM has written to applicants and WH has updated formulary.	Action complete		AM		7.20
		NICE Guidance WH has requested ARIA form for Lorlatinib TA628	Action complete		WH		7.20
		MHRA DSU HK has circulated the lorazepam protocol	Action complete		HK		7.20
		EAMS Remdesivir POB has discussed patient criteria for Remdesivir with ID	Action complete		POB		7.20
		SMPC minutes DC has discussed social distancing in F&W relating to prescribing with F&W senior prinicipal pharmacist	Action complete		DC		7.20
		Aprotinin Compliance AM has written to cardiothoracic surgeons	Action complete		AM		7.20
		Correspondence Received AM has written to Dr Khan relating to the application for Acarizax explaining the committee were not happy to approve on the basis of the strength of the evidence submitted.	Action complete		AM		7.20
		Chairs Approvals AM has written to Mr Symes regarding chairs approval for IV doxycycline and requested an update on the patients	Action complete		AM		7.20
		Issues to Escalate to OQC DC discussed the need for a lay member at OQC	Action complete		DC		7.20
		AOB JM has written to SLT and requested the guidance on the use of baking barium products into biscuits as national guidance only recommends use of thickening agents.	Action complete JM will bring back if any further		JM		7.20

		JM agreed to pursue outside of committee as information required to write PGD **AOB** WH has added Diphoterine to the formulary and an order has been placed.	issues Action complete		 WH		 7.20
2020.07.05	**New Product Requests**	Acalabrutinib (Dr Allsup – Haematology) Unlicensed product available via FOC to treat previously untreated CLL. Currently licensed in USA and is an oral therapy. Can be used either as monotherapy or combination therapy (with obinutuzumab). The monotherapy in particular would reduce attendance and in trials showed better outcomes than therapy with chlorambucil/obinutuzumab which is usually used in these patients.	Approved	AM to write to applicant WH to update formulary	AM/WH	8.20	
		Fremanezumab (Prof. Ahmed – Neurology) Application in line with NICE TA631 Fremanezumab for preventing migraine. Fremanezumab is a self-administered injection whose use would reduce the need for attendance at hospital once patient was trained in its use. The application was unsigned and the committee asked JM if she could request a protocol from Prof Ahmed demonstrating how Fremanezumab would be used, eg who would train patient to administer and how would effectiveness be measured. KMc pointed out that it would not be possible for CCG to discuss commissioning until protocol produced, but POB reminded everyone that positive TA medicines must be made available within 90 days of TA publication which in this case was 3rd June. DC asked how CCG manage medicines in their contract with Spire to provide headache clinic, as HUTH have received prescription requests from the headache clinic.	JM to request protocol for use. POB to send PAS price to KMc by end of next week Agreed this was a separate discussion for JM DC and KMc to have outside of D&T	JM to request protocol from Prof Ahmed KMc to raise with CCG JM to report back next time	JM POB/ KMc JM	8.20 8.20 8.20	
		Dolutegravir/rilpivirine Juluca® (Miss K O'Keeffe – Infectious Diseases) NHSE commissioned combination therapy	Approved				

		EAMS Dupilumab ≥6 to <12years severe atopic eczema JM still to receive direction from Dr Zaman on use of Dupilumab	JM to chase		JM	8.20	
2020.07.06	**NICE Guidance**	• TA634 Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma (terminated appraisal) • TA635 Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (terminated appraisal) • TA636 Eculizumab for treating refractory myasthenia gravis (terminated appraisal) • TA637 Ranibizumab for treating diabetic retinopathy (terminated appraisal) • TA626 Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure (recommended) • NG178 COVID 19 rapid guideline: renal transplantation • TA633 Ustekinumab for treating moderately to severely active ulcerative colitis(recommended) • TA632 Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer(recommended) • NG157 Joint replacement (primary): hip, knee and shoulder • TA631 Fremanezumab for preventing migraine (recommended) • NG29 Intravenous fluid therapy in children and young people in hospital (update) HUTH protocol fits in with NICE guidance unfortunately this is totally different from current practice. HK will discuss with neonatologists	On formulary but for other conditions Erlotinib on formulary but for other conditions On formulary but for other conditions Noted JM to chase NPR No drugs On formulary On formulary All medicines on formulary Discussed under NPR HK to discuss with team	Noted Noted Noted JM to chase Noted Noted Noted Noted Noted HK to feedback next time	JM HK	8.20 8.20	
2020.07.07	**MHRA Drug Safety Update**	**June 2020** Cyproterone acetate:new advice to minimise risk of meningioma DOACs:reminder of bleeding risk, availability of reversal agents	Noted				7.20

		Currently Idarucizumab **(**Praxbind®) reversal agent for Dabigatran on formulary, awaiting publication of NICE TA for Andexanet alfa **(**Ondexxya®) reversal agent for apixaban and rivaroxaban. As yet there is no available reversal agent for Edoxaban	Noted				7.20
2020.07.08	**Minutes SMPC**	None this month					7.20
2020.07.09	**Minutes from HERPC**	None this month					7.20
2020.07.10	**Regional Medicines Optimisation Committees**	None this month					7.20
2020.07 11	**Correspondence received**	NHSE Haemophilia A Framework briefing document – Esperoct® (turoctocog alfa pegol) to add to formulary CMO Letter Dexamethasone Letter states dexamethasone has been pulled from trials and is now freely available for hypoxic covid positive patients receiving oxygen therapy in hospitals. AM emphasized to everyone that dexamethasone was only for hypoxic patient requiring oxygen and not for other covid positive patients as it had been proven to worsen the symptoms of these patients. NHSE Triple Combination Therapy CF Now approved by NHSE, POB pointed out that the product had only just been licensed on 3rd July but was aware the trust was receiving enquiries from as to timelines for prescriptions. POB said that NHSE had requested that patients were not switched straight away but that they finished current course of treatment or if switched encouraged to bring any unused medicines in with them on their next visit. AM stated this was already in hand.	WH to add to formulary Noted Noted		WH	8.20	
2020.07.12	**Chairs approvals**	L'ornithine L'aspartate – hepatic encephalopathy – Dr M Messiha Requested for patient on iCU in need of a liver transplant	Noted				7.20
2020.07.13	**Issues to escalate to OQC**	Nothing to escalate However DC said that all sub committees reporting into OQC must now submit an annual report to be presented by the chair of the committee and that D&T was due to present on 14th October	JM to request report template and prepare				7.20

2020.07.14	**Any Other Business**	POB said the HUTH website contained a short video showing the 6 week journey of a patient on ICU who was covid positive. The patient had been given an increased dose of steroids the weekend before they began to recover. SR asked what the difference between a 6mg dose of dexamethasone and a 30mg dose of prednisolone was. POB explained that dexamethasone was available via both the oral and IV route whereas prednisolone was only available via the oral route. AM said the trial used dexamethasone and therefore that was where the evidence laid. AM again emphasized that steroids were only indicated for hypoxic patients receiving oxygen; not for non-hypoxic covid positive patients as trial showed that would worsen prognosis POB said the price of remdesivir would be made available on 23rd July but it is unclear who will pay as remdesivir not on NHSE excluded list but this list was drawn up in 2019 pre covid. NHSE have written the protocol and are recommending the use of Blueteq but are recommending local CCG will be responsible for cost. National discussions will take place to clarify	Noted				7.20
	Date and Time of Next Meeting	**Date:** Thursday 13th August 2020 **Time:** 8.15-9.30am **Venue:** Webex					