

Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 10 th December 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 K McCorry, Medicines Optimisation Pharmacist, NECS Dr B Ali, GP Hull CCG Ms J Morgan, Professional Secretary, Principal Pharmacist – Formulary Dr A Samson, Consultant Infectious Diseases (until 9am) Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Dr O Ogunbambi, Consultant Rheumatologist Mr A Dawood, Consultant Anaesthetist Dr H Klonin, Consultant Paediatrician
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Apologies	Prof M Lind, Vice Chair, Professor of Oncology
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2020.12.01	Apologies	As above					12.20
2020.12.02	Declarations of Interest	None this month					12.20
2020.12.03	Minutes of the previous meeting	Approved Remove P from Dr Samson's name					12.20
2020.12.04	Action Tracker	<p>NICE Guidance JM to chase ARIA form for TA643 and TA644 Entrectinib and TA 649 Polatuzamab vedotid with rituximab and bendamustine – JM said the ARIA forms are being written and will submit when complete</p> <p>NICE Guidance TA 651 Naldemedine for treating opioid induced constipation JM said palliative care wish gastro to submit application so JM will discuss with gastro.</p> <p>Minutes WH has amended</p> <p>New Product Requests WH has added to formulary and ML has written to applicants</p> <p>Terms of Reference JM has circulated updated terms of reference and will forward to OQC</p> <p>Clinical Guidelines The electrolyte posters have been updated and are in the process of going out and JM has emailed trust IT regarding addition of banner to PATTIE</p> <p>Clinical Guidelines</p>	<p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p>	<p>No further action</p> <p>No further action</p> <p>No further action</p> <p>No further action</p>	<p>JM</p> <p>JM</p> <p>WH</p> <p>WH</p> <p>JM</p> <p>JM</p>	<p>12.20</p> <p>12.20</p> <p>12.20</p> <p>12.20</p> <p>12.20</p> <p>12.20</p>	<p>12.20</p> <p>12.20</p> <p>12.20</p> <p>12.20</p>

		JM has given the committees comments to the author of the Thromboprophylaxis and DOAC Procedures and will check the amendments have been made	Action complete	No further action	JM		12.20
2020.12.05	New Product Requests	<p>Vonicog alfa –Bleeding in Adults with Von Willebrand Disease - Dr Allsup (haematology) NHSE have published commissioning statement recommending Vonicog alfa be used to replace Wilate, the committee were happy with this decision</p> <p>Galcanezumab – Migraine -Prof Ahmed (neurology) Requested to be used in line with TA659 JM said Galcanezumab came in an easy to use device and neurology would like to add it to formulary as an additional option. Currently Galcanezumab is a more cost effective option than Fremanezumab and as such JM has updated migraine guideline and will ask Prof Ahmed/Dr Khalil if they would like to reference Galcanezumab as the first line MAB. The guideline will need to go to HERPC for approval.</p> <p>Dulaglutide – Type 2 Diabetes - Line Extension Two new strengths of dulaglutide have been licensed 3mg and 4.5mg and the diabetic team have requested they be added to formulary as a line extension. The product is flat-priced so there are no cost implications, dulaglutide is a specialist led item and there is a type 2 diabetes guideline on the HERPC website demonstrating its place in treatment. The committee approved the line extension and requested that initiation by a HUTH consultant added to the guideline for further discussion at HERPC.</p> <p>Siponimod – Secondary Progressive MS with relapses – Dr J Harley The only other NICE/NHSE approved treatment for this treatment is Extavia® beta-1b interferon; which is rarely used due to poor evidence based. Siponimod is a complicated treatment requiring a lot of monitoring needed pre-treatment testing including genotyping for CYP2D6 to confirm dose to use and if can be used safely. It also requires pre-dose ECG in all patients and post dose ECG and observation in set groups of patients. The application recommends prescribing is done by the MS team only and the main prescriber will be Dr Harley.</p>	<p>Approved</p> <p>Approved</p> <p>JM to update migraine guideline/ WH to add to HERPC agenda</p> <p>Approved</p> <p>JM to update T2DM guideline/ WH to add to HERPC agenda</p> <p>Approved</p>	<p>AM to write to applicants and WH to update formulary</p>	<p>AM/WH</p> <p>JM/WH</p> <p>JM/WH</p>	<p>01/21</p> <p>01/21</p> <p>01/21</p>	

		<p>OO ask if the signed application for Upadacitinib had been received, JM said it was only received yesterday and would therefore be on the January agenda for discussion. OO ask if as the NICE TA was published yesterday could it receive provisional approval today. KMc pointed out that even if approval were given by D&T the CCG would still need to approve before prescribing could begin. The product has a £1 price for 90 days post NICE approval, but this also meant there was a risk that it could be prescribed inappropriately due to cost and not clinical effectiveness during this 90 day period, OO said HUTH rheumatology are one of the lowest MAB prescribers in the country. POB pointed out that there was a responsibility to the AIC to achieve cost effectiveness so it would be beneficial if the CCG could respond quickly to the request.</p> <p>The committee agreed that it was right to await CCG approval however if rheumatology felt there were any patients who would benefit from treatment before the decision was made a chairs approval could be requested.</p>					
2020.12.06	NICE Guidance	<p>Nice Guidance</p> <ul style="list-style-type: none"> • NG186 COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19 <p>JM has requested this be discussed by the thrombosis committee</p> <ul style="list-style-type: none"> • NG185 Acute coronary syndromes <p>Contains several NICE documents merged into one with a lot of updates. Cardiology have been awaiting publication of this document and will review compliance.</p> <ul style="list-style-type: none"> • TA656 Siponimod for treating secondary progressive multiple sclerosis • TA657 Carfilzomib for previously treated multiple myeloma • TA658 Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma • TA659 Galcanezumab for preventing migraine 	<p>Noted</p> <p>Noted</p> <p>Discussed on agenda Need ARIA form</p> <p>Need ARIA form</p> <p>Discussed on agenda</p>	<p>JM to chase ARIA forms</p>	JM	01/21	

		<ul style="list-style-type: none"> • TA660 Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer • TA 661 Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma • TA662 Durvalumab in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal) • Ng184 Human and animal bites: antimicrobial prescribing • NG 161 COVID-19 rapid guideline: delivery of systemic anticancer treatments • TA152 Drug-eluting stents for the treatment of coronary artery disease • TA71 Guidance on the use of coronary artery stents 	Discussed and approved last month				
2020.12.07	MHRA Drug Safety Update	November 2020 Modafinil: Increased risk of congenital malformations if used during pregnancy Pirfenidone: Risk of serious liver injury and updated advice on liver function testing Ferric Carboxymaltose (Ferinject): Risk of symptomatic hypophosphataemia leading to osteomalacia and fractures Bupropion: Risk of serotonin syndrome with use with other serotonergic drugs Isotretinoin: Contribute to expert review	Noted	No further action			12/20
2020.12.08	Minutes SMPC	September 2020 Main point to note a presentation was given on issues around homecare provision. There are many longstanding issues. SMPC recommended FY1s who failed prescribing assessment should not be allowed to continue to prescribe but OQC overruled this decision.	Noted	No further action			12/20
2020.12.09	Minutes from HERPC	September 2020 Presentation was given explaining change to dietetic pathways.	Noted	No further action			12/20
2020.12.10	Regional Medicines	Best Value Biologic: Insulin Glargine Toolkit Consultation JM has sent to Dr Patmore and Dr Allen for comment. As recommending switch to biosimilar glargine the biggest impact	Discuss further at HERPC	WH to add to HERPC agenda	WH	01/21	

	Optimisation Committees	would be on CCG as this is where the potential savings could be made. To be discussed further at HERPC					
2020.12.11	Clinical Guidelines	<p>Tocilizumab in ICU COVID-19 Positive Patients</p> <p>NHSE have published an interim position statement and HUTH have written a guideline based upon this. The committee questioned why the statement exclusion criteria included patients who had been on ICU longer than 24 hours as not all patients were treated on ICU.</p> <p>The committee agreed that the decision to treat should be made by two consultants and AD said it would be better to have input from a none ICU consultant, as they do not have a lot of experience using Tocilizumab. AS requested, that it should be emphasized to the clinicians to consider other infection and not just presume coronavirus.</p> <p>JM will discuss updates with Lead Surgery pharmacist and circulate final document.</p>	JM to discuss amendments with Pharmacy Lead for Surgery and update document	JM to circulate final document	JM	01/21	
2020.12.12	Correspondence received	None					12/20
2020.12.13	Chairs approvals	<ul style="list-style-type: none"> • Palivizumab – Immunisation – Dr Remy Toko • Copper Gluconate – Deficiency – Dr Jose (on recommendation of tertiary gastroenterology team Sheffield) • Levosimendan – New Product Request Required <p>Three chairs approvals have been requested for Levosimendan and as such, a new product request form has been requested from cardiology. Unfortunately, due to the nature of the condition it is used to treat, it is always required in an emergency situation and as the product is non formulary it is therefore not stocked by pharmacy. JM told the committee one of the cardiac anaesthetists had been tasked with completing a submission and AM agreed to chase this up if it was not received before the next meeting</p>	<p>Noted</p> <p>AM to chase if not received</p>			01/21	12/20
2020.12.14	Issues to escalate to OQC	None					12/20
2020.12.15	Any Other Business	HK wished to thank DC, POB and all of the pharmacy team for their help with a multiple complicated neonatal patients recently.	Noted				12/20
		Date: Thursday 14th January 2021					

	Date and Time of Next Meeting	Time: 8.15-9.30am Venue: Webex					
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