

Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 13 th May 2021 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 D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Dr S Raise, GP ER CCG Dr B Ali, GP Hull CCG Mr K McCorry, Medicines Optimisation Pharmacist, NECS Ms J Morgan, Professional Secretary, Principal Pharmacist – Formulary Dr O Ogunbambi, Consultant Rheumatologist Prof M Lind, Vice Chair, Professor of Oncology Dr A Samson, Consultant Infectious Diseases Mr R Kapur, Vascular Surgeon, HUTH
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Guest Laura Buckley, Pharmacist, Manor House Surgery, Bridlington

Apologies Mr A Dawood, Consultant Anaesthetist
Dr H Klonin, Consultant Paediatrician
Mr P O'Brien, Deputy Chief Pharmacist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2021.05.01	Apologies	As above					4/21
2021.05.02	Declarations of Interest	None					4/21
2021.05.03	Minutes of the previous meeting	Accepted as a true record	No further action				4/21
2021.05.04	Action Tracker	<p>NICE Guidance TA651 Naldemedine for treating opioid induced constipation – JM has discussed with pain team who have agreed to submit application</p> <p>New Product Requests Dr Khan to submit treatment pathway for Acarizax to D&T for consideration New Action:JM to discuss with Dr Khan Acarizax place in treatment pathway</p> <p>Tracker:New Product Request AM has written to POB regarding how to inform on call pharmacists that Levosimendan should not be supplied out of hours under any circumstances</p> <p>New Product Requests AM has written to Prof Maraveyas with committees decision on Pemigatanib</p> <p>NICE Guidance JM has emailed Dr Zaman regarding TA681 Baricitinib for treating moderate to severe atopic dermatitis and is awaiting a reply</p> <p>Issues to Escalate to OQC DC raised compliance with NatPSA ESC alert with OQC, and approved guidance is on agenda for discussion</p> <p>AOB</p>	<p>JM will bring back once application received</p> <p>JM will bring back updated treatment pathway next month</p> <p>Action complete</p> <p>Action complete</p> <p>JM to chase</p> <p>Action complete</p>	<p>No further action</p> <p>Discuss next month</p> <p>No further action</p> <p>No further action</p> <p>No further action</p>	JM		<p>5/21</p> <p>5/21</p> <p>5/21</p> <p>5/21</p>

		WH has removed CDF drugs from formulary and replaced with link to website	Action complete	No further action			5/21
2021.05.05	New Product Requests	<p>New Product Requests</p> <ul style="list-style-type: none"> • Ketofall® Ketotifen Single Use Eye Drops – Seasonal Allergic Conjunctivitis – Mr C Vize <p>Preparation is preservative free and application recommends for use in patients who cannot tolerate preservatives, the product is three times the price of current formulary recommendation but the applicant has noted that this will only be used in a small cohort of patients.</p> <ul style="list-style-type: none"> • Nilemdo ® Bempedoic Acid – Hypercholesterolaemia – Dr D Narayanan • Nustendi® Bempedoic Acid & Ezetimibe – hypercholesterolaemia – Dr D Narayanan <p>Application is in line with TA694</p> <ul style="list-style-type: none"> • Kesimpta® Ofatumumab – MS – Dr Harley <p>NICE TA expected to be published next month with NHSE approval from day 1. As product is given via SC route this will enable patients to administer themselves at home.</p> <p>ARIA Forms</p> <ul style="list-style-type: none"> • Trastuzumab Deruxtecan – Metastatic HER2 Breast Cancer • Neratinib TA 612 extended adjuvant treatment of hormone receptor positive HER2 positive early stage breast cancer • Phesgo®Pertuzumab Trastuzumab Hyaluronidase – neo adjuvant treatment of HER2 positive breast cancer 	<p>Approved with a recommendation to HERPC as specialist led</p> <p>Approved with recommendation to HERPC for red classification</p> <p>Approved</p> <p>All approved</p>	<p>WH to update formulary and AM to write to applicants</p>	AM/WH	6/21	
2021.05.06	NICE Guidance	<ul style="list-style-type: none"> • NG191 COVID-19 rapid guideline: managing COVID-19 • NG193 Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain • NG172 COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response • NG169 COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response • NG195 Neonatal infection: antibiotics for prevention and treatment 	Noted				

	<ul style="list-style-type: none"> • NG194 Postnatal care • TA689 Acalabrutinib for treating chronic lymphocytic leukaemia • TA690 Teduglutide for treating short bowel syndrome (terminated appraisal) • TA691 Avelumab for untreated metastatic Merkel cell carcinoma • TA517 Avelumab for treating metastatic Merkel cell carcinoma • TA692 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy • TA693 Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer • TA694 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia • TA695 Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma • NG196 Atrial fibrillation: diagnosis and management <p>All drugs on formulary but now recommends DOAC as first line</p>	<p>Need ARIA form</p> <p>Need ARIA form</p> <p>Need ARIA form</p> <p>JM to update primary care SPAF guidance</p>	<p>WH to chase ARIA forms for TA 689/ 691/ 695</p> <p>No further action for D&T</p>	<p>WH</p>	<p>6/21</p>	
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2021.05.07	MHRA Drug Safety Update	<p>April DSU</p> <p>Polyethylene Glycol (PEG) laxatives and starch based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration HUTH guidance only recommends use of guar based thickeners</p> <p>Covid 19 Vaccines:updates for April 21</p>	Noted				5/21
2021.05.08	Minutes SMPC	None this month					
2021.05.09	Minutes from HERPC	None this month					
2021.05.10	Regional Medicines Optimisation Committees	<p>Shared Care Workplan</p> <p>This will be discussed in depth at HERPC. OO asked how involved would specialities be in consultation process, JM said she receives emails from SPS advising of updates and generally emails specialities for input</p>	Noted	No further action			5/21
2021.05.11	Clinical Guidelines	<p>Use of intranasal analgesia in Paediatric ED Recommends unlicensed use of licensed medicines eg intranasal use of IV preparations. AM ask why two different opioids (Fentanyl and Diamorphine) were recommended of very different potencies as the committee all agreed this could lead to potential errors</p> <p>HUTH Guideline for Opioid prescribing in acute pain management The committee felt that the recommended starting dose of morphine should be altered from 10-20mg to 5 - 20mg, they would also like more clarification in the renal impairment section. The committee also questioned why a section for Fentanyl patches which clearly stated “not recommended in acute pain management “, had been included in an acute pain management guideline. They emphasised that this did not mean Fentanyl couldn’t be used to treat pain this section was just not relevant to the nature of the guideline</p> <p>Steroid Emergency Card Guidance (Information Only)</p>	<p>JM to ask what safeguards are in place to avoid use of wrong agent and check fentanyl duration as guideline states 30-60min</p> <p>JM to discuss morphine initiation dose and inclusion of fentanyl patches with authors.</p> <p>Noted</p>	<p>JM to discuss committees comments with authors and feedback</p> <p>JM to discuss committees comments with authors and feedback</p>	<p>JM</p> <p>JM</p>	<p>6/21</p> <p>6/21</p>	

		This guideline has already been approved by CEDC and SMPC and was circulated to D&T for information as it has been widely discussed here. DC said he had taken the committees views to OQC who although they were happy to be challenged stated that as this was a national safety alert the trust must follow the recommendations it made. It was agreed that implementation of this guideline would impact on current trust practices.		No further action			5/21
2021.05.12	Dissemination of Information Across All Healthcare Groups /Providers	This was raised as there have been instances in the past specifically gabapentin use in the DrugSafetyUpdate where the committee have wished to know the information has been disseminated trust wide. DC suggested that a member of the comms team could be invited to the next meeting to discuss.	DC/JM to invite comm teams to attend June D&T		DC/JM	6/21	
2021.05.13	Correspondence received	None this month					5/21
2021.05.14	Chairs approvals	<ul style="list-style-type: none"> Anakinra – Haemophagocytic Lymphohistiocytosis HLH – Prof R Patmore 	Noted				5/21
2021.05.15	Issues to escalate to OQC	None this month					
2021.05.16	Any Other Business	DC announced that he will be retiring next month and depending on who is appointed as his replacement this may be his last meeting. AS fedback that the patient who had received Cabotegravir/Rilpivirine for abdominal atypical mycobacterial infection on chairs approval was doing really well. SR mentioned that he had difficulties with a patient discharged from another trust on warfarin, JM said this should not happen within HUTH as the nursing staff had a checklist to go through when discharging any patients on anticoagulation therapy.	Noted JM to send trust procedure to RK and SR		JM	6/21	5/21
	Date and Time of Next Meeting	Date: Thursday 10 th June 2021 Time: 8.15am-9.30am Venue: WEBEX					