Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 10 th June 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	Dr H Klonin, Consultant Paediatrician 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 Mr A Dawood, Consultant Anaesthetist Prof M Lind, Vice Chair, Professor of Oncology Dr A Samson, Consultant Infectious Diseases Mr P O'Brien, Deputy Chief Pharmacist
Apologies	Dr O Ogunbambi, Consultant Rheumatologist Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2021.06.01	**Apologies**	As above					
2021.06.02	**Declarations of Interest**	None					
2021.06.03	**Minutes of the previous meeting**	Accepted as a true record	No further action				6/21
2021.06.04	**Action Tracker**	**NICE Guidance** TA651 Naldemedine for treating opioid induced constipation – application has been received and is on agenda for discussion	Action complete	No further action	JM		6/21
		New Product Requests Dr Khan has submitted treatment pathway for Acarizax to D&T for consideration, acarizax for patients with normal sensitivity first line then Oral Vac if intolerant, if patient has high sensitivity then Oral Vac first line	Approved	Action complete	JM		6/21
		Tracker:New Product Request AM has written to POB regarding advice to oncall pharmacists relating to procurement of Levosimendan. POB still to circulate to on call pharmacists	JM to discuss with POB	JM to feedback next time	JM	4/21	
		NICE Guidance JM to discuss with Dr Zaman TA681 Baricitinib for treating moderate to severe atopic dermatitis	JM still chasing	JM to feedback next time	JM	5/21	
		New Product Requests AM has written to applicants and WH has updated formulary	Action complete	No further action	AM/ WH		6/21
		NICE Guidance WH has chased ARIA forms for TA 689/ 691/ 695 TA 689 and TA 691 are on agenda for discussion TA 695 is being written and will come next time	Action complete	No further action	WH		6/21

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		Clinical Guidelines Use of intranasal analgesia in Paediatric ED – JM has discussed committees concerns with authors. They explained that some consultants have more experience with only either diamorphine or fentanyl not both, which is why they wanted them both on the guideline. They have placed posters in relevant departments to further reduce risk. The committee was still concerned about the potential for prescribing errors therefore it was agreed that the chairman would write to them and request guideline be just for fentanyl only and cc SMPC and HK who agreed to discuss with the ED paediatricians further **Clinical Guidelines** HUTH Guideline for Opioid prescribing in acute pain management – JM has discussed committees recommendations with authors and amended guideline is on agenda for discussion. **Dissemination of Information Across All Healthcare Groups /Providers** DC/JM have discussed with comms team dissemination of information. It was agreed that it would be good to be able to target specific groups when required with safety information eg anaethetists. JM will discuss with Alderson House to ascertain if this is possible. **AOB** JM to send trust warfarin procedure to RK and SR still to do	Request diamorphine be removed from guideline Approved JM to speak to Alderson house JM to send to RK and SR	AM to write to ED paediatric consultants and CC HK and SMPC	AM HK JM JM JM	7/21 7/21 7/21 6/21	6.21
2021.06.05	**New Product Requests**	**New Product Requests** **Naldemedine – Opioid Induced Constipation – Clare Eastwood/Dr Sanam** **High Dose Cyanocobalamin on Formulary – line extension** Request from locum DME consultant to use high dose oral preparation. The committee were happy to approve if the DME consultants were happy with this formulary addition. Therefore it was agreed JM would discuss with DME and add to HERPC agenda for discussion. It was also	Approved in line with TA651 JM to discuss with DME and add to HERPC agenda	Add to formulary Add to HERPC agenda	WH JM	7/21 7/21	

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		agreed that the B12 guideline should be updated to include this preparation if approved **Cefazolin - MSSA/ S. lugdunensis Endocarditis in patient with a mild/ moderate penicillin allergy – Dr A Samson/L Cullen** First line cephalosporin to treat MSSA current treatment involves fosfomycin and daptomycin, cefazolin is cheaper and simpler to use **Natalizumab subcutaneous – line extension – Dr Harley** A subcutaneous preparation would allow a greater throughput of patients and the committee had no issues with this line extension. **ARIA Forms** TA689 Acalabrutinib for treating chronic lymphocytic leukaemia TA691 Avelumab for untreated metastatic Merkel Cell Carcinoma	JM to request update to B12 guideline Approved Approved Approved AM to write to applicants and WH to update formulary	Request guideline update Add to formulary Add to formulary Add to formulary	AM/ WH	7/21	
2021.06.06	**NICE Guidance**	**TA696 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (Not recommended)** This agent was approved by D&T in Oct 19 for use by Prof Clark only via the EAMS scheme. The committee agreed that due to NICE not recommending, this agent should be removed from the main body of the formulary and should now be available via chairs approval only. JM to find out how many patients currently receiving treatment **TA697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban** It was thought this agent had been discussed and approved by thrombosis committee. D&T to formally write to thrombosis committee to ask for outcome	WH to alter formulary and JM to assess how many patients this affects AM to write to thrombosis committee and suggest updating guidance		WH JM AM	7/21 7/21 7/21	

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		CG150 Headaches in over 12s: diagnosis and management **CG137 Epilepsies: diagnosis and management** TA698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria TA699 Ofatumumab for treating relapsing multiple sclerosis TA700 Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (terminated appraisal) TA701 Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (terminated appraisal) TA702 Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (terminated appraisal) TA703 Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia (terminated appraisal) TA704 Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies	Updates only no medication changes Not on formulary JM to check if HUTH are a provider of this service On formulary Terminated Terminated Terminated Terminated On formulary		JM	7/21	
2021.06.07	**MHRA Drug Safety Update**	**May 2021** Levothyroxine new prescribing advice for patients who experience symptoms on switching between different levothyroxine products	Noted	No further action			6/21
2021.06.08	**Minutes SMPC**	**March 2021** Main discussions revolved around HUTH drug chart and new anaesthetic assistants drug charts	Noted	No further action			6/21

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2021.06.09	**Minutes from HERPC**	**March 2021** Steroid Card safety alert discussed	Noted	No further action			6/21
2021.06.10	**Regional Medicines Optimisation Committees**	• RMOC shared care guidance: draft shared care protocols, consultation 1 • RMOC shared care guidance: draft shared care protocols, consultation 2	Not relevant to D&T, will be discussed further by HERPC	No further action			6/21
2021.06.11	**Clinical Guidelines**	**Biologics and Small Molecules in Inflammatory Bowel Disease** The committee were not happy with the following recommendation "Dosing should follow NICE guidance and any deviations in exceptional cases should be agreed with IBD consultants and discussed at IBD MDT" There is no mention that these deviations would require an IFR or what clinical evidence there is to support deviating from NICE approved doses. KMc pointed out that this recommendation posed a large safety and financial risk. The committee also did not like the recommendation to combine biologicals Combination biologics. "In refractory cases where surgery or clinical trials are not an option, following IBD MDT discussion, combination biologics with least toxicity profile may be considered. Individual Funding request should be applied for this" Because of these recommendations Pharmacy have begun to audit all patients for biologic(s), dose, frequency, MDT forms and if and when changed. AM felt this document was a serious risk and wished to escalate to OQC, the committee agreed with this decision. It was mentioned that the document had also been escalated to OQC by SMPC at the request of Professor Patmore.	AM to write to OQC to raise committees concerns AM to write to clinical lead with committees concerns		AM AM	7/21 7/21	

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		AM raised the concern of what would happen with patients who have already been initiated on high off licence doses but no one on the committee had experience in this area **Type 2 Diabetes (HERPC guideline)** The committee had requested the document be simplified and felt that although it still contained a lot of information due to the nature of the condition it was a great improvement. However, KMc said it was not reflective of NICE recommendations and primary care may not be happy with updates. It was agreed final decision lay with HERPC and the CCG committees as it is primarily a primary care document **Guideline for Opioid Prescribing in Acute Pain Management** Amended to include smaller dose recommendations for elderly and opioid sensitive patients	Discuss further at HERPC Approved	WH to add to HERPC agenda JM to inform authors	WH JM	7/21 7/21	
2021.06.12	**Correspondence received**	**Project Orbis** Initiative involving FDA and MHRA relating to unlicensed oncology medicines.ML had concerns how this would be policed and felt that no decision should be made by one individual clinician. The committee agreed that any medicines requested by this route would have an ARIA form and this must be seen by D&T for approval. The agents would not be added to formulary as there was a good chance they would not remain on formulary for long	Noted – JM to feedback to Sarah Scargill		JM	7/21	
2021.06.13	**Chairs approvals**	**Letermovir - latent CMV in patient with HIV – Dr Lillie** It was unclear what the patient outcome was in this case and both ML and AM agreed in future we should request clinicians inform the chair of patient outcomes	Noted				6/21
2021.06.14	**Issues to escalate to OQC**	**Biologics and Small Molecules in Inflammatory Bowel Disease**	JM to escalate			7/21	

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2021.06.15	**Any Other Business**	JM said that as AS will be going on secondment for one year and will be unable to attend D&T would the committee still like a representative from clinical support to attend. The committee felt that input from clinical support was invaluable and JM agreed to invite another member to attend for the duration of the secondment.	JM to invite a member of clinical support to attend D&T meetings		JM	7/21	
	Date and Time of Next Meeting	**Date: Thursday 8th July 2021** **Time: 8.15am-9.30am** **Venue: WEBEX**					