

Drug and Therapeutics Committee – Minutes – Unconfirmed

Date / Time	Thursday 14 th October 2021 8:15am – 9:30am
Venue	Webex
Chair	Prof A Morice, Chair, Professor of Respiratory Medicine
Notes / Action Points	Jane Morgan
Quorate: Yes / No	Yes

Attendance	Prof M Lind, Vice Chair, Professor of Oncology, HUTH Mr K McCorry, Medicines Optimisation Pharmacist, NECS Ms J Morgan, Professional Secretary, Principal Pharmacist – Formulary HUTH Dr A Samson, Consultant Infectious Diseases, HUTH (until 9.15) Dr O Ogunbambi, Consultant Rheumatologist, HUTH Prof T Sathyapalan, Consultant Endocrinologist, HUTH Ms J Goode, Chief Pharmacist, HUTH Mr P O'Brien, Deputy Chief Pharmacist, HUTH Dr B Ali, GP Prescribing Lead, Hull CCG
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Apologies	Dr S Raise, GP Prescribing Lead, ER CCG Dr H Klonin, Consultant Paediatrician, HUTH Mr A Dawood, Consultant Anaesthetist Mr R Kapur, Vascular Surgeon, HUTH
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Guests	Miss Sophie Kendall, Clinical Pharmacist HUTH and Symphonie PCN
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2021.10.01	Apologies	As above					
2021.10.02	Declarations of Interest	None					
2021.10.03	Minutes of the previous meeting	Approved, KMc noted that Hydroxychloroquine was discussed in AOB in August and this wasn't recorded in minutes. JM to update minutes and action tracker.	Update minutes	JM to update	JM	11/21	
		The committee then discussed the Biologics and Small Molecules in Inflammatory Bowel Disease guideline that had been on June meetings agenda and KMc asked what the outcome was; as this has been removed from D&TC action tracker as it had been escalated outside the committee. AM explained the document had been escalated to OQC who had referred to surgical governance. Surgical governance had discussed and recommended the Chair of Surgical Governance (Dr Saleh), the Medical Director of the Surgical Health Group, Prof Sebastian and Antonio Ramirez (Deputy Chief Pharmacist) meet to discuss face to face. This meeting has not yet taken place. It was requested this was added back to D&TC action tracker for update at next meeting.	Update action tracker	JM to update	JM	11/21	
2021.10.04	Action Tracker	Tracker JM to discuss circulating Levosimendan information with POB. JM circulated e-mail to HUTH pharmacists last week.	Action Complete	No further action	JM		10/21
		NICE Guidance JM to discuss with Dr Zaman TA681 Baricitinib for treating moderate to severe atopic dermatitis	JM to update next month	ongoing	JM		
		Tracker – NEW Action JM to send HK the intranasal analgesia guideline and HK to discuss at paediatric governance. JM confirmed this has been completed. The guidance has now been updated with fentanyl as first line choice and diamorphine only to be use when fentanyl is a supply problem.	Guideline approved	AM to write to EH	AM	11/21	

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		<p>Melatonin Formulation Review JM to update SCF so that it can be reviewed at HERPC. JM has had a meeting with Dr Jose around updating SCF, there is also work in South Bank with a paediatric shared care. JM working to a joint SCF for paediatric patients across both North and South Bank.</p> <p>AOB AM to write to Professor Sathyapalan and invite him to join the committee</p> <p>Hydroxychloroquine JM and OO to meet to discuss both plans for future SCF and monitoring. Royal College of Ophthalmologists guideline has been updated in Dec 2020. HUTH have partial data on patients who are on hydroxychloroquine JM to liaise with Mr Vize</p>	<p>Action closed for D&T</p> <p>Action closed</p> <p>Ongoing</p>	<p>No further action</p> <p>No further action</p> <p>Arrange meeting</p>	<p>JM</p> <p></p> <p>JM</p>	<p></p> <p></p> <p></p>	<p>10/21</p> <p>10/21</p> <p>11/21</p>
2021.10.05	New Product Requests	<p>New Product Requests</p> <ul style="list-style-type: none"> Bimekizumab – moderate to severe plaque psoriasis – Dr Zaman Approved as per TA. Noted that application form not fully filled in. AM to write to Dr Zaman to highlight that application form not fully filled in and that all forms must be fully completed. JM confirmed Mr Vize was happy for it to be used as per TA. Dermatology pathway will need updating and discussing at HERPC. Tacrolimus Suppository– Refractory severe ulcerative proctitis – Professor Sebastian JM presented the evidence enclosed by Prof. Sebastian which was limited to small patients numbers and poor quality studies. One randomised trial was found versus betamethasone suppositories which found there was no difference. Noted that on the form to be used if all other options have failed and before colectomy. Rejected for inclusion in formulary; however, chairs approval is recommended for individual patients. 	<p>Approved</p> <p>Rejected</p>	<p>JM to update formulary AM to write to applicants</p>	JM/AM	11/21	

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		<ul style="list-style-type: none"> Tralokinumab – Atopic Dermatitis – Dr Zaman JM discussed the evidence provided in the 3 phase III trials published, in two British Journal of Dermatology article. This product currently does not have a NICE TA and is available via a manufacturer early use scheme. POB raised the number of patients requested for as originally this scheme was for patients who had been in the EZTEND trial which HUTH had been part of. This study had been closed due to COVID; however the patient number applied for imply Dr Zaman wants to use in further patients. KMc raised how this Early Use Scheme fits into RMOC guidance and it was raised on a PRESQUIPP call. KMc to forward information to JM/POB. From the application it is difficult to determine place in therapy; AM to write to Dr Zaman to confirm place in therapy and patient group. <p>ARIA Forms</p> <ul style="list-style-type: none"> Tepotinib NSCLC Advanced Disease – In line with EAMS _ Dr V Brown Approved in line with EAMS. Eltrombopag (TA293) – ITP – Dr Al-Bubseeree Approved in line with TA Ipilimumab nivolumab for MSI high colorectal cancer (TA716) – Dr V Brown Approved in line with TA <p>Line extensions: Mesalazine 1.6g tablets and 1g suppositories (Octasa®) – Prof Sebastian. JM discussed the 1.6g Octasa® tablets, which have been requested to aid compliance in patients having difficulty comply with high dose initiation regimens for mesalazine. They are more expensive for a 1.6g dose than using either 400mg or 800mg tablets. KMc raised the size of the tablets, which may limit their use. JM to look at size of tablet. 1g suppository – currently have 1g Pentasa® and 500mg Salofalk® suppositories on formulary. Octasa® 1g is cheaper than Pentasa® 1g in community; so Prof Sebastian had requested we change to Octasa.</p>	<p>Further information required</p> <p>All approved</p> <p>Further info required</p>				

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		<p>However Octasa 1g is more expensive for HUTH than Pentasa on contract or Salofalk on NHS contract. Brand prescribing of either Salofalk or Octasa is cheaper in primary care.</p> <p>Atecura (indacaterol/mometasone) Inhaler – Dr Faruqi</p> <p>JM discussed this new inhaler the components are already on formulary in another inhaler. This has the advantage of the sensor device which can be used to monitor compliance. Approved for use by specialist asthma team.</p>	Approved				
2021.10.06	NICE Guidance	<p>August 2021</p> <ul style="list-style-type: none"> NG9 Bronchiolitis in children: diagnosis and management Updated NG204 Babies, children and young people's experience of healthcare TA722 Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement NG202 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s NG201 Antenatal care TA720 Chloramphenicol gel for treating mycosis fungoides-type cutaneous T-cell lymphoma TA721 Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer – NOT RECOMMENDED <p>On formulary for other NICE approved indications</p> <ul style="list-style-type: none"> NG191 COVID-19 rapid guideline: managing COVID-19 TA139 Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome <p>September 2021</p> <ul style="list-style-type: none"> TA723 Bimekizumab for treating moderate to severe plaque psoriasis NG191 COVID-19 rapid guideline: managing COVID-19 TA724 Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer NOT RECOMMENDED <p>On formulary for other indications</p>	<p>Noted</p> <p>Noted</p> <p>On formulary</p> <p>Noted</p> <p>Noted</p> <p>Not on formulary</p> <p>Not recommended</p> <p>Noted</p> <p>Noted</p> <p>Discussed on agenda</p> <p>Noted</p> <p>Not recommended</p>	<p>No further action</p> <p>No further action</p> <p>Aria form required</p>	JM		

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		<ul style="list-style-type: none"> TA725 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy TA726 Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) TA727 Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) TA728 Midostaurin for treating advanced systemic mastocytosis Listed at end of formulary for previous TA. In use, JM requested Aria form for previous TA and this TA. TA 729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria TA 730 Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours (terminated appraisal) On formulary for other TAs TA 731 Vericiguat for treating chronic heart failure with reduced ejection fraction (terminated appraisal) 	<p>On formulary</p> <p>Terminated</p> <p>Terminated</p> <p>JM to add Aria form to next month agenda</p> <p>Not HUTH</p> <p>Noted</p> <p>Terminated</p> <p>Terminated</p>	<p>Aria form required</p> <p>Add Aria form to agenda</p> <p>Add to end of formulary</p>	<p>JM</p> <p>JM</p> <p>JM</p>		
2021.10.07	MHRA Drug Safety Update	<p>August 21</p> <p>Covid 19 Vaccines Updates for July 19</p> <ul style="list-style-type: none"> Review of reports involving menstrual disorders and unexpected vaginal bleeding. <p>September 2021</p> <p>Topical corticosteroids : information on the risk of topical steroid withdrawal reactions</p> <p>Covid 19 Vaccine update</p>	No further actions		JM		10/21
2021.10.10	Minutes SMPC	July 21	Noted	No further action			
2021.10.09	Minutes from HERPC	July 21	Noted	No further action			

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2021.10.10	Regional Medicines Optimisation Committees						
2021.10.11	Clinical Guidelines	<ul style="list-style-type: none"> Sarilumab in Patients with Severe Covid This guideline has been updated with the new commissioning statements and recommendation to use within 48 hours. It had been circulated virtually around committee members previously and approved for use. It is already live on Pattie for use Tolvaptan guideline JM discussed the updated guideline, this has been reviewed with renal and endocrinology team. ML raised use in oncology, to prevent admissions in patients with NSCLC who become hyponatraemia and chemotherapy has to be delayed. ML look at a protocol to ensure these patients can be managed as outpatients with the appropriate monitoring in place. 	<p>Approved</p> <p>Approved.</p>	<p>No further action</p> <p>JM to inform author and arrange upload to Pattie</p>	<p>JM</p> <p>JM</p>		
2021.10.12	Correspondence received	<p>Ronapreve® The guidance on Ronapreve® (casirivimab and imdevimab) neutralizing monoclonal antibodies (nmabs) was presented by JM/POB. AS raised that information needs including around the weekly PCRs to ensure they are sent off for sequencing as there are concerns about vaccine resistant variants. AM asked if anti spike antibody level testing is now available, POB confirmed this is available and is important that it is done as soon as possible in admission for suspected COVID in eligible groups. POB raised the question around if both Ronapreve and Tocilizumab are available for a patient what order should they be administered.</p>	Approved	JM to update pathway and info on PCR monitoring	JM		
2021.10.13	Chairs approvals	<p>Vedolizumab/Infliximab – Crohns Disease – Dr Giaffer</p> <p>Thalidomide – Pulmonary TB with cytokine release syndrome – ID team</p>	No further action				

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		AS confirmed patient now improving					
2021.10.14	Issues to escalate to Patient Experience and Clinical Effectiveness	Nil	No further action				
2021.10.15	Any Other Business	Nil					
	Date and Time of Next Meeting	Date: Thursday 11th November 2021 Time: 8.15am-9.30am Venue: WEBEX					