

## Drug and Therapeutics Committee – Minutes

<b>Date / Time</b>	April 14 <sup>th</sup> 2022 8.15-9.30
<b>Venue</b>	WebEx
<b>Chair</b>	Prof A Morice, Chair, Professor of Respiratory Medicine
<b>Notes / Action Points</b>	Luke Storr – Senior Pharmacy Technician, Formulary HUTH
<b>Quorate: Yes / No</b>	Yes

<b>Attendance</b>	Prof M Lind, Vice Chair, Professor of Oncology, HUTH Mr K McCorry, Medicines Optimisation Pharmacist, NECS Miss J Morgan, Professional Secretary, Principal Pharmacist – Formulary HUTH Dr O Ogunbambi, Consultant Rheumatologist, HUTH Ms J Goode, Chief Pharmacist, HUTH Dr H Klonin, Consultant Paediatrician, HUTH Dr A Samson, Consultant Infectious Diseases, HUTH Prof T Sathyapalan, Consultant Endocrinologist, HUTH
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<b>In attendance</b>	Prof Shaji Sebastian, Consultant General medicine and Gastroenterology Miss Emma Whitehead, IBD Clinical Nurse Specialist
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<b>Apologies</b>	Mr P O'Brien, Deputy Chief Pharmacist, HUTH Mr R Kapur, Consultant Vascular Surgeon, HUTH Dr S Raise, GP Prescribing Lead, ER CCG Dr B Ali, GP Prescribing Lead, Hull CCG Dr A Dawood, Consultant Anaesthetist, HUTH
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2022.04.01	<b>Apologies</b>	As Above.					
2022.04.02	<b>Declarations of Interest</b>	None					
2022.04.03	<b>Minutes of the previous meeting</b>	Accepted as an accurate record	no action required				
2022.04.04	<b>Action Tracker</b>	<p><b>Dissemination of Information Across All Healthcare Groups /Providers</b></p> <p><b>Clinical Guidelines</b> Ustekinumab report- shared with D&amp;T committee</p> <p><b>Hydroxychloroquine in RA</b> JM discussed with rheumatology business manager and sending pathway. Awaiting discussion with Ophthalmology business manager</p> <p><b>ARIA forms – Zoledronic acid</b> Endocrinology pharmacist has written guidance in conjunction with Dr.Aye and Dr Saharia. For D&amp;T when discussed at Speciality Governance.</p> <p><b>NG207 Inducing Labour</b> JM spoken to obstetric lead and they wish for the low dose misoprostol product as currently using off label. Obstetrics to update their guidance and send to health group</p> <p><b>NG126 Ectopic Pregnancy</b> JM checked progesterone products, current ones do not fulfil guidance recommendations. Would need to have vaginal capsule to fulfil guidance, clinical lead would like it adding.</p>	<p>To be discussed at next meeting</p> <p>To be discussed on agenda</p> <p>JM to contact business manager</p> <p>For D&amp;T when been to speciality governance</p> <p>Add product to formulary</p> <p>Add product to formulary</p>	<p>Review after 6 months</p> <p>Complete</p> <p>Ongoing</p> <p>Add to agenda</p> <p>Complete</p> <p>Complete</p>	<p>JM</p> <p>JM</p> <p>JM</p> <p>JM</p> <p>LS</p> <p>LS</p>	<p>5/22</p> <p>1/22</p> <p>3/22</p> <p>5/22</p> <p>1/22</p> <p>1/22</p>	<p></p> <p>3/22</p> <p></p> <p></p> <p>3/22</p> <p>3/22</p>

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		<p><b>New Product Requests</b> AM to write to applicants and LS to update formulary</p> <p><b>New Product Requests</b> JM to request feedback from Dr Jose about clonidine patches in 6 months</p> <p><b>NICE Guidance</b> LS to update back of formulary</p> <p><b>NICE Guidance</b> JM to check aria forms</p> <p><b>NICE Guidance</b> JM to confirm with neurology about TAs 748 and 758 -JM emailed Dr Ming, will apply for TA748. -JM to have meeting with neurology about TA758 Narcolepsy pathway</p> <p><b>Correspondence received</b> AM to write to thrombosis committee chair regarding choice of DOAC</p> <p><b>Correspondence received</b> LS to update formulary with Paxlovid®</p>	<p>Action complete</p> <p>Feedback in Sept 22</p> <p>Updated</p> <p>Updated</p> <p>Ongoing</p> <p>Action complete</p> <p>Action complete</p>	<p>Complete</p> <p>Ongoing</p> <p>Complete</p> <p>Complete</p> <p>To update next time</p> <p>Complete</p> <p>Complete</p>	<p>AM/LS</p> <p>JM</p> <p>LS</p> <p>JM</p> <p>JM</p> <p>AM</p> <p>LS</p>	<p>3/22</p> <p>9/22</p> <p>3/22</p> <p>3/22</p> <p>5/22</p> <p>3/22</p> <p>3/22</p>	<p>3/22</p> <p></p> <p>3/22</p> <p>3/22</p> <p></p> <p>3/22</p> <p>3/22</p>
2022.04.05		<p><b>Clinical Guidelines</b> <b>Biologics and small molecules for IBD-</b> SS and EW attended meeting to discuss the updated version of this guidance and the reports into prescribing in IBD.</p> <p>AM raised concerns that prescribing is not in line with NICE guidelines or TAs for biologic therapies. SS explained that the NICE guidelines were introduced prior to the use of biologics and TAs don't specify order of biologic therapy. These TAs are used conjunction with the British society of Gastroenterology (BSG) and thus he is using the BSG guidelines for dosing escalation. AM stated the BSG guidelines are vague in the escalation dosing. SS explained that the dose escalation is done based on therapeutic drug monitoring, symptoms and</p>	<p>JM to meet with SS and surgical pharmacists to update guidance and discuss audit JG to ensure new pharmacy service to IMIC set up</p>		<p>JM</p> <p>JG</p>	<p>5/22</p> <p>6/22</p>	

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		<p>mucosal healing and includes both within label dose escalation and off label dose escalation. HUTH IBD team reserve biologics the most severe patients and use anti-TNF therapy before other biologic therapies. SS explained that they are still within the guidelines and that the dosing is there to ensure that patients achieve mucosal healing then reduce the dosage back down and monitoring at regular intervals. This is to ensure the best possible outcome for the patient. The infliximab dosing table from a random selection of 20 patients shows three quarters of IBD patients were on a dose that was not in line with NICE TA.</p> <p>SS explained the doses given are based on patient drug levels and are initially given but then reduced based on therapeutic drug monitoring thereafter to achieve mucosal healing.</p> <p>AM asked if an audit has been done on the process. SS confirmed data available however not done official audit.</p> <p>AM opens the floor to the rest of the committee for their comments.</p> <p>Overall committee agree an audit would be best as all have concerns over usage; pharmacy can assist in this with IBD team. JG confirmed stock going to be removed from IMIC and a pharmacist go to IMIC to order for individual patients and review prescriptions based on documented MDT outcomes.</p>					
2022.04.06	<p><b>New product</b></p> <p><b>New Product Requests</b></p>	<p><b>New product-</b></p> <ul style="list-style-type: none"> <li>Luforbec 100/6 MDI- Generic switch than Fostair 100/6 MDI so potential cost saving with same license. However, moving away from MDIs.</li> </ul> <p><b>New Product Requests</b></p> <ul style="list-style-type: none"> <li>Cutimed Epiona – Joshua Totty JM presented this request from plastic surgery for this collagen and alginate dressing. There is no similar dressing already in use in the trust. Requested to use free of charge stock supplied for in practice research. Approved for use in research.</li> <li>Cabotegravir with rilpiravine (TA757) – Miss K O'Keeffe</li> </ul>	<p>Approved</p> <p>Approved</p> <p>Approved</p>	AM to write to applicants and LS to update formulary	AM/L S	05/22	

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		<p>Approved in line with TA.</p> <p><b>ARIA FORMS</b></p> <ul style="list-style-type: none"> <li>• Nivolumab Adjuvant 4 weekly (TA746) –UGI</li> <li>• Pembrolizumab &amp; Oxaliplatin/Capecitabine (TA737)- UGI</li> <li>• Pembrolizumab &amp; Oxaliplatin/5FU (TA737) – UGI</li> <li>• Crizanulizumab (TA743)</li> <li>• Dostarlimab (TA779)</li> </ul>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p>				
2022.04.07	NICE guidance	<p><b>NICE Guidance</b></p> <p><b>February 2022</b></p> <ul style="list-style-type: none"> <li>• TA765- Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable</li> <li>• TA764- Fremanezumab for preventing migraine</li> <li>• TA763- Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable</li> <li>• TA762- Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)</li> <li>• TA769- Palforzia for treating peanut allergy in children and young people</li> <li>• TA768- Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs</li> <li>• TA767- Ponesimod for treating relapsing–remitting multiple sclerosis</li> <li>• TA766- Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma</li> <li>• TA771- Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)</li> </ul>	<p>Check aria form</p> <p>Noted</p> <p>Aria form needed</p> <p>Terminated appraisal</p> <p>New product request form needed</p> <p>Check pathway</p> <p>Discussed previously and approved</p> <p>Aria form needed</p> <p>Terminated appraisal</p>	<p>No action required</p> <p>Update guidance</p> <p>No action required</p> <p>No action required</p> <p>JM to ask immunology</p> <p>No action for D&amp;Tc</p> <p>No action required</p> <p>No action required</p>	<p>JM</p> <p>JM</p>	<p>5/22</p> <p>5/22</p>	

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		<ul style="list-style-type: none"> <li>TA770- Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer</li> <li>NG28- Type 2 diabetes in adults: management</li> <li>TA 772 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies</li> </ul> <p><b>March 2022</b></p> <ul style="list-style-type: none"> <li>NG212 Mental wellbeing at work</li> <li>TA778 Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria Newcastle specialist centre</li> <li>NG213 Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education</li> <li>TA777 Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea</li> <li>TA776 Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea</li> <li>TA775 Dapagliflozin for treating chronic kidney disease</li> <li>TA774 Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)</li> <li>TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction On formulary for other indications</li> <li>NG191 COVID-19 rapid guideline: managing COVID-19</li> <li>NG91 Otitis media (acute): antimicrobial prescribing</li> <li>TA779 Dostarlimab for previously treated advanced or recurrent endometrial cancer with</li> </ul>	<p>Aria form needed</p> <p>Noted</p> <p>Aria form needed</p> <p>Noted</p> <p>HUTH not specialist</p> <p>Noted</p> <p>Not recommended</p> <p>Not recommended</p> <p>Recommended</p> <p>Terminated appraisal</p> <p>Approved, HF team updating guideline</p> <p>Noted</p> <p>Contact ENT about new product</p> <p>Discussed on agenda</p>	<p>No action required</p> <p>No action required</p> <p>No action required</p> <p>Update back of formulary</p> <p>No action required</p> <p>No action required</p> <p>No action required</p> <p>JM to contact Renal</p> <p>No action required</p> <p>No further action</p> <p>JM to contact ENT</p> <p>Add to formulary</p>	<p></p> <p>LS</p> <p></p> <p>JM</p> <p>5/22</p> <p></p> <p>JM</p> <p>5/22</p> <p>LS</p> <p>5/22</p>	<p></p> <p>5/22</p> <p></p> <p>5/22</p> <p></p> <p>5/22</p> <p></p> <p>5/22</p>	

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		high microsatellite instability or mismatch repair deficiency • NG214 Integrated health and social care for people experiencing homelessness • NG136 Hypertension in adults: diagnosis and management • TA780 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma • TA782 Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (terminated appraisal) • TA781 Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer • NG18 Diabetes (type 1 and type 2) in children and young people: diagnosis and management • NG17 Type 1 diabetes in adults: diagnosis and management • NG28 Type 2 diabetes in adults: management	Noted Noted Aria form needed Terminated appraisal New drug, ARIA form needed Noted Noted Noted	No action required No action required No action required No action required JM to check for Aria form No action required No action required No action required	JM	5/22	
2022.04.08	<b>MHRA Drug safety update</b>	• <b>February</b> -noted • <b>March</b> - noted	Complete	No action required			04/22
2022.04.09	<b>Minutes of the Safe Medication Practice Committee</b>	Nil this month	Complete	No action required			
2022.04.10	<b>Minutes from the Hull and East Riding Prescribing Committee</b>	January 2022- Contents noted	Complete	No action required			
2022.04.11	<b>Regional Medicines Optimisation Committee</b>	Nil this month					

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2022.04.12	<b>Clinical guidelines</b>	Discussed on agenda					
2022.04.13	<b>Correspondence received</b>	<ul style="list-style-type: none"> <li>• <b>Ustekinumab in IMIC report</b></li> <li>• <b>Vedoluzimab and infliximab in IMIC report</b></li> </ul>	Discussed under clinical guidance				5/22
2022.04.14	<b>Chairs Approvals</b>	<ul style="list-style-type: none"> <li>• <b>Iloprost</b> - idiopathic pulmonary fibrosis- Dr Hart</li> </ul>	Approved	No action required			
2022.04.15	<b>Issues to escalate to P&amp;CE</b>	Nil	Complete	No action required			
2022.04.16	<b>Any Other Business</b>	<ul style="list-style-type: none"> <li>• <b>Attendance April 21-22</b></li> <li>• <b>New product requests April 21-22</b></li> <li>• <b>Mexiletine</b></li> <li>• <b>Bismuth subsalicylate</b></li> <li>• <b>Sodium chloride 3% (Mucoclear®) paed</b></li> <li>• <b>Nicotine preparations – gum and nasal/mouth spray</b></li> </ul> <p><b>Area Prescribing Committee (HERPC)</b> JM discussed merger of HERPC and NLAPC. The new Humber APC has started meeting, and any new items for primary care will need referring there in the future</p>	<p>Noted</p> <p>Noted</p> <p>Licensed version now available</p> <p>Add to formulary</p> <p>Add to formulary</p> <p>Add to formulary</p>	Removed from unlicensed list and add to formulary			
2022.04.17	<b>Date and Time of Next Meeting</b>	12 <sup>th</sup> May 2022 8:15 am					