Drug and Therapeutics Committee – Minutes – Approved	
Date / Time	10th September 2015
Venue	The Board Room, Alderson House, HRI
Chair	Prof A Morice, Chair, Professor of Respiratory Medicine
Notes / Action Points	Mrs Wendy Hornsby, Senior Pharmacy Technician.
Quorate: Yes / No	Yes
Attendance	Mr S Gaines, Professional Secretary, Senior Principal Pharmacist – Clinical Services Mr P O'Brien, Deputy Chief Pharmacist Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Mrs C Grantham, Medicines Management Nurse Dr M Ivan, Consultant Microbiologist Dr O Ogunbambi, Consultant Rheumatologist Dr F Umerah, Consultant Anaesthetist, HEY Mr K McCorry, Pharmaceutical Advisor, ER CSU
Apologies	Dr H Klonin, Consultant Paediatrician Mrs J Lyon, Head of Medicines Management, North Yorks and Humber CSU Prof M Lind, Vice Chair, Professor of Oncology Dr E Williamson, Consultant Microbiologist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2015.09.01	**Apologies**	As above.					
2015.09.02	**Declarations of Interest**	None.	Noted	No further action			9/15
2015.09.03	**Minutes of the previous meeting**	The minutes were accepted as a true record. The lack of CCG GP lead's was mentioned and KMc informed the committee that Hull had made an appointment who would be in post this month and that ER had received an expression of interest but this was as yet unconfirmed.	Noted	No further action			9/15
2015.09.04	**Action Tracker**	Any Other Business Opiate conversion chart on agenda for discussion. Correspondence Received ML to ask Dr Maravayas to submit a new product request for pembrolizumab. Tracker KMc informed the committee that the CCG had agreed to commission apremilast . Tracker WH has checked formulary for all Hepatitis C drugs included on NHSE circular and where drugs were not available ID pharmacist has been informed and will submit new product	On agenda ML not present Action complete Action complete	No further action Outstanding	ML		9/15 9/15 9/15 9/15

		request. New Product Request AM has written to applicants and WH has updated formulary. MHRA DSU June 15 AM had written to endocrinology re DKA guidance. HERPC minutes March 15 Alprostadil cream has been added to formulary Correspondence Received AM has written to neurology re GM604 stating that the product could not be approved without a formal application. KMc informed the committee that the CCG had received an IFR request for this product but was unaware where the IFR submission had originated. AOB – Prednisolone switch to be added to HERPC agenda Further work to be carried out re plain/soluble/UDV prednisolone therefore not to be discussed at HERPC. TA344 Ofatumumab SG informed the committee that SS had discussed with Dr Allsup, who had no plans to use this agent. Therefore agreed to add to formulary "pending application and available via chairs approval".	 Action complete Action complete Action complete Action complete HERPC agenda action no longer required Action complete	 Work to be taken forward by MMIG WH to add to formulary as "pending application"	 WH	 9/15	 9/15 9/15 9/15 9/15
2015.09.05	**New Product Requests**	Ciclosporin 0.1% Minims line extension New licensed product with a more suitable strength than currently unlicensed products.	Approved	SG to write to ophthalmology and ask to review patients currently receiving	SG	10/15	

				unlicensed preparations. WH to update formulary.	WH		
		Omalizumab – Dr P Gordins For use as per NICE TA 339 – application fits in with NHSE specialist services circular.	Approved	SG to write to applicant and WH to update formulary.	SG	10/15	
		Renal Replacement Therapy – Update In 2013 D&T approved an evaluation of sodium citrate anticoagulation for haemofiltration therapy. ICU had written to D&T to say that benefits had been seen with this therapy and that they would now like to continue and move to a formal tender process.	Committee agreed to continue and tender for machines & solutions	No further action			9/15
2015.09.06	**NICE Guidance**	• HTTA329 Introducing biosimilar versions of infliximab: Inflectra and Remsima Pharmacy is currently in discussion with gastroenterology team re way forward. It is envisaged that new patients will be prescribed biosimilar products to achieve savings, and that long term patients will undergo discussions to discuss best treatment.	D&T support this process and will consider future biosimilar products on a case by case basis before establishing firm principles for all future biosimilar products.	No further action			9/15
		• NG14 Melanoma: assessment and management	Noted – all agents on formulary	No further action			9/15
		• TA345 Naloxegol for treating opioid-induced constipation	Not on formulary	Noted – add to formulary as “pending application”	WH	10/15	
		• TA346 Aflibercept for treating diabetic	Noted – on formulary	No further action			9/15

		macular oedema • TA347 Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer • TA348 Everolimus for preventing organ rejection in liver transplantation • TA349 Dexamethasone intravitreal implant for treating diabetic macular oedema • TA350 Secukinumab for treating moderate to severe plaque psoriasis • TA351 Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (terminated appraisal)	Nintedanib on formulary for IPF. Noted – on formulary as via NHSE IFR only Noted – on formulary Noted – on formulary Noted – not on formulary	POB to discuss with SS if required by trust No further action No further action No further action No further action	POB	10/15	 9/15 9/15 9/15 9/15
2015.09.07	**MHRA Drug Safety update July 2015 & August 2015**	Both contents noted, and thought to be known about already.	Noted	No further action			10/15
2015.09.08	**Opioid Conversion Chart**	The committee were happy to approve the chart with two minor amendments. • Alter 96hr and weekly to twice weekly and weekly respectively, so nomenclature is same • There are now 3 different brand names, rather than 2 – suggest add	Approved with amendments	SG to write to palliative care WH to arrange link on pharmacy intranet site	SG WH	10/15 10/15	

		Hapoctasin®.					
2015.09.09	**Update on Botulinum Toxin (Xeomin) application – Dr A Salawu, Rehabilitation**	A new product request was made in Nov 14 for the Xeomin brand of botulinum toxin. SG has looked at usage of all three brands currently used by the trust, by department and cost. It was acknowledged that the Xeomin brand was 25% cheaper than Botox at the new tender prices. However, botulinum toxin may be regarded as biosimilar products and it would be difficult to switch all Trust patients over to Xeomin. Discussions had taken place with the rehabilitation & neurology service managers and Dr Ahmed as a large user of Botox. He would prefer to continue with Botox for his large cohort of patients.	The committee agreed that Xeomin could be added to formulary for use by Dr Salawu and that a review of all botulinum use would take place in 6 months	SG to write to applicant WH to update formulary	SG/WH	10/15	
2015.09.10	**Correspondence Received**	Aggrastat & Licensed Indications – Dr R Oliver Apciximab (ReoPro) Eptifibatide (Integrilin) Tirofiban (Aggrastat) All three recommended in TA47, however Tirofiban not currently listed on formulary. Psoriasis Treatment Flow Chart – Dr S Walton Flow chart received does not include apremilast and is dated May 2013. Will need updating.	It would be desirable to list all 3 agents on the formulary, then use the most cost effective agents SG to contact to dermatology to update to new version	Add tirofiban to formulary	WH SG	10/15 11/15	
2015.09.12	**Chairs Approvals**	• None	No further action	No further action			9/15
2015.09.13	**Issues to escalate to Operational Quality Committee**	No issues to escalate					9/15

2015.09.14	**Any other Business**	Iron Isomaltoside (Diafer) – Paul Kendrew Iron Isomaltoside (Monofer) is already on the formulary. A different brand was requested as a line extension, which is specifically licensed for haemodialysis patients, and would reduce treatment costs.	Approved for haemodialysis patients only	SG to inform PK of outcome	SG	10/15	
		Disofrol – Supply Issues Pharmacy is unable to procure further supplies of unlicensed Disofrol or Drixoral at this time. HEY have approx. 2 month supply left and are currently trying to procure some plain dexbrompheniramine 2mg tablets (the active ingredient of interest). Cough clinic are aware of this and will use the time to assess patient's symptoms with no treatment.	Noted	POB to update D&TC in due course	POB	12/15	
		POB informed the committee that pharmacy were aware there were an increasing number of medical devices/borderline substances which were being used for medicinal properties. For example, chlorhexidine 2% was being used to clean patients' skin when it is only approved as a hard surface cleaner. Chlorhexidine 2% is used in line with EPIC3 guidelines which recommend 2% and not 0.5% for peripheral and central line insertion.	Paper needed to outline the issues and discuss further	POB to table paper at next D&T Committee meeting	POB	10/15	
2015.09.15	**Date and Time of Next Meeting**	Thursday 8th October 2015, 8.15am – 9.30am. The Committee Room, Alderson House, HRI					