Drug and Therapeutics Committee – Minutes –approved	
Date / Time	10th December 2015
Venue	The Board Room, Alderson House, HRI
Chair	Prof M Lind, Vice Chair, Professor of Oncology
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 D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Dr F Umerah, Consultant Anaesthetist Dr O Ogunbambi, Consultant Rheumatologist Mr K McCorry, Pharmaceutical Advisor, ER CSU Mrs C Grantham, Medicines Management Nurse Dr H Klonin, Consultant Paediatrician Dr E Williamson, Consultant Microbiologist
Apologies	Prof A Morice, Chair, Professor of Respiratory Medicine Mrs J Lyon, Head of Medicines Management, North Yorks and Humber CSU Mr P O'Brien, Deputy Chief Pharmacist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2015.12.01	**Apologies**	As above.					
2015.12.02	**Declarations of Interest**	None	Noted	No further action			12/15
2015.12.03	**Minutes of the previous meeting**	The minutes were accepted as a true record.	Noted	No further action			12/15
2015.12.04	**Action Tracker**	Opioid Conversion Chart Awaiting amended version before adding to website.			WH	11/15	
		Correspondence Received A possible alternative has been sourced. POB will discuss with AM.		No further action			12/15
		New Product Requests ML has written to Dr Downey re AREDs 2 formulation to check which formulation she would like adding to formulary.		No further action			12/15
		CCG Representation on D&T AM has written to both Hull and ER CCG regarding primary care representation on D&T. No reply received as yet.		No further action			12/15
		New Product Requests AM has written to applicants and WH has updated formulary.		No further action			12/15
		New Product Requests KMcC reported that 5% of ER CCG spend on prostaglandin analogues is on PF products this results in an overall cost of 9-10% on PF products.		No further action			12/15
		New Product Requests POB has requested that MI perform a critical analysis on		No further action			12/15

		preserved vs preservative-free products. Answer awaited. NICE Guidance Pembrolizumab TA357 – SG has asked SS to prepare application and ML has asked Professor Maraveyas to complete form. NICE Guidance TA358 Tolvaptan – SG has asked renal pharmacist to liaise with renal team about submitting an application. NICE Guidance TA359 Idelalisib – SG has asked SS/Dr Allsup to submit an application MHRA DSU AM has written to urology to highlight the risk of severe hypertension associated with Mirabegron. Borderline Substances Work ongoing with theatres. POB to advise SG on effect on surgery heath group after discussions with theatres. Notification of Gifts/Hospitality AM has written to Liz Thomas regarding Trust procedures. Correspondence Received AM has written to Prof Clark and requested an application for EAMS drug sacubitril valsartan, if Cardiology wish to use it. AOB Propantheline bromide entry on formulary has been updated.		No further action No further action No further action No further action No further action No further action No further action	POB	02/16	12/15 12/15 12/15 12/15 12/15 12/15 12/15
2015.12.05	**New Product Requests**	Empagliflozin – Endocrinology Team Product has positive NICE TA336 and good evidence of better cardiovascular outcomes in comparison to other agents. As there are now several sodium-glucose co-transporter 2 inhibitor preparations on the formulary, it was agreed to ask	Approved SG to email endocrinology	ML to write to applicants and WH to update formulary.	ML/WH SG	01/16 01/16	

		Endocrinology which was their preferred first line agent so that the formulary could be updated accordingly.					
2015.12.06	**NICE Guidance**	• TA367 Vortioxetine for treating major depressive episodes	Await HFT/HERPC decision	Add to formulary as via chairs approval.	WH	01/16	
		• TA363 Ledipasvir–sofosbuvir for treating chronic hepatitis C	Noted, already on formulary	Move to main body of formulary	WH	01/16	
		• NG26 Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care	Noted, not about drugs	No further action			12/15
		• TA364 Daclatasvir for treating chronic hepatitis C	Noted, already on formulary	No further action			12/15
		• TA365 Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C	Noted, already on formulary	Move to main body of formulary	WH	01/16	
		• TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab	Awaiting submission	No further action			12/15
		• TA368 Apremilast for treating moderate to severe plaque psoriasis. Listed on formulary as "provided free until NICE TA published". As NICE does not recommend for psoriasis, any future patients will now need chairs approval and an IFR. Formulary status to be reviewed once NICE position on psoriatic arthritis is known.	Any future patients will require chairs approval & IFR	SG to inform dermatology and ascertain if NICE guidance is on horizon for psoriatic arthritis	SG	01/16	
		• NG25 Preterm labour and birth	All medicines on formulary	No further action			12/15
		• NG24 Blood transfusion – recommends use of tranexamic	SG to discuss further at	Feedback surgery's	SG/FU	01/16	

		acid if blood loss is expected to be moderate (greater than 500ml). This is not widespread current practice in the trust and there would be concerns regarding how to select patients, knowing that the treatment may increase the risk of VTE.	surgery HG governance meeting. FU to raise at Anaesthetic Dept. meeting.	position next time			
		• NG23 Menopause: diagnosis and management	All medicines on formulary	No further action			12/15
		• NG22 Older people with social care needs and multiple long-term conditions	Noted, not about drugs	No further action			12/15
2015.12.07	**MHRA Drug Safety update November 2015**	Crizotinib – risk of cardiac failure. ML is aware of this and currently there are no patients receiving crizotinib. Vemurafenib – risk of potentiation of radiation toxicity. ML will discuss with Prof Maraveyas.	Noted Prof Maraveyas to be made aware.	No further action ML to discuss with Prof Maraveyas	 ML	 01/16	12/15
2015.12.08	**Dalteparin/Tinzaparin Switch**	SG had prepared an options appraisal paper discussing the issues for the trust surrounding a switch from dalteparin to tinzaparin as the main LMWH. The paper has also been discussed at SMPC and Thrombosis Committee. Several local trusts have already switched over to tinzaparin due to a competitive NHS contract price. The paper also highlighted that cardiology would move over to fondaparinux for the treatment of ACS, as tinzaparin does not have a licence for this indication. The committee had major concerns regarding the effect on patient safety including: • Dose specific to weight, patients weight not always recorded. A recent survey at HRI showed approximately 50% of charts had no weight recorded. • Different doses for different indications for both	The committee requested that impact on primary care be further assessed before making a final decision. It was felt that this issue also required escalation to OQC for wider	KMcC to provide information on primary care costs. WH to agenda for MMIG for further discussion DC to discuss at OQC, as below	KMcC WH	01/16 01/16	

		preparations – possible dose errors with a high risk medication when switching over. • Dalteparin generally has one recognised prophylaxis dose of 5000 units, tinzaparin is weight/risk based, so has three and heavier patients may also require 2 syringes. • Tinzaparin does not have a medical prophylaxis license. • Tinzaparin has no license for Coronary Artery Disease, meaning fondaparinux for ACS would also need to be introduced at the same time. • Some doses of Tinzaparin require expelling a small amount from the syringe before administration. This may be difficult for patients to manage. CG felt that this would require 2 nurse checking, which would be a burden. • For heavy patients treatment doses would require 2 syringes, or BD dosing, which would be more time consuming for nursing staff and might reduce compliance if patient self-administered. • Community colleagues at the Hull anticoagulant clinic had voiced concerns at Thrombosis Committee that more district nurse visits would be required, for patients who could not manage self-administration due to the above 2 issues. • Numerous Trust guidelines would require changing over to the new drug and dosage, including the Trust drug chart. KMcC felt that there would be a significant cost impact on primary care, although originally HEY had been told cost impact on primary care would be neutral.	discussion of the benefits and risks of changing.				
2015.12.09	**Guidelines for Acute and Perioperative Pain Relief in Adults**	This is an updated guideline. The committee requested several minor amendments including the removal of the Shortec brand name, altering the dosing of prochlorperazine & dexamethasone and clarifying the meaning of “first day” after epidural. There was a discussion regarding the	Approved with minor amendments	SG to arrange meeting with pain team nurse for amendments to be made	SG	01/16	

		recommendation of oxycodone instead of morphine as first line. However the committee felt that as the guideline was for the treatment of perioperative pain that oxycodone had the best evidence for this indication.					
2015.12.10	**Minutes from HERPC – September 2015**	Noted	No further action				12/15
2015.12.11	**Correspondence Received**	Tafluprost – Mr C Burnett Mr Burnett had written to the committee to request that tafluprost PF eye drops be added to formulary as a line extension, as tafluprost was one of the ingredients in Taptiqom eye drops which has recently been given formulary approval. Nutilis Clear Thickening Powder – POB Speech and Language Therapies have approached pharmacy to request a switch from Nutilis Thickening Powder to Nutilis Clear Thickening Powder as they feel this product is better for patients. The committee agreed the switch in principle, however it was agreed that the impact of this switch must be discussed with primary care before going ahead.	Approved Implications to be discussed with primary care colleagues	ML to write to Mr Burnett WH to update formulary WH to add to MMIG agenda	ML WH WH	01/16 01/16 01/16	
2015.12.12	**Chairs Approvals**	None this month	Noted	No further action			12/15
2015.12.13	**Issues to escalate to OQC**	Potential dalteparin to tinzaparin switch	Concerns to be discussed at OQC	DC to discuss at OQC, as D&TC representative	DC		01/16
2015.12.14	**Any other Business**	None					12/15
2015.12.15	**Date and Time of Next Meeting**	Thursday 14th January 2016, 8.15am – 9.30am. The Board Room, Alderson House, HRI					