

## Drug and Therapeutics Committee – Minutes – Approved

<b>Date / Time</b>	12 <sup>th</sup> March 2015
<b>Venue</b>	The Committee Room, Alderson House, HRI
<b>Chair</b>	Prof A Morice, Chair, Professor of Respiratory Medicine
<b>Notes / Action Points</b>	Mrs Wendy Hornsby, Senior Pharmacy Technician.
<b>Quorate: Yes / No</b>	Yes

<b>Attendance</b>	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 F Umerah, Consultant Anaesthetist Mrs K Beal, Lay Trust Member Dr L Witvliet, GP Prescribing Lead, Hull CCG Dr E Williamson, Consultant Microbiologist Dr H Klonin, Consultant Paediatrician Mr K McCorry, Local Pharmaceutical Advisor, ER CSU Ms A Drury, Finance Manager Ms G Gough, Deputy Chief Pharmacist, HEY (guest)
<b>Apologies</b>	Dr A Harley, GP Prescribing Lead, ERY CCG Mrs J Lyon, Head of Medicines Management, North Yorks and Humber CSU Prof M Lind, Vice Chair, Professor of Oncology Mrs C Grantham, Medicines Management Nurse Dr O Ogunbambi, Consultant Rheumatologist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2015.03.01	<b>Apologies</b>	As above.					
2015.03.02	<b>Declarations of Interest</b>	There were no declarations of interest.	Noted.	No further action			3/15
2015.03.03	<b>Minutes of the previous meeting</b>	The minutes were accepted as a true record.	Accepted.	No further action			3/15
2015.03.04	<b>Action Tracker</b>	<p>NICE Guidance CG191 Pneumonia – SG has added to agenda for next ACAT meeting on 17/3/15.</p> <p>MHRA DSU SG has discussed at surgery governance.</p> <p>FU informed the committee the anaesthetists would be discussing further at a meeting tomorrow to discuss place in therapy as license has changed and can no longer be used in critical care patients. FU will feed back in due course.</p> <p>Correspondence received Radiology Tender – POB has discussed with radiology and informed the committee the product evaluation will not be using new products, but using different vials, syringes and salt variations of gadolinium.</p> <p>New Product Requests AM has written to applicants and WH has updated formulary.</p>	<p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p>				<p>3/15</p> <p>3/15</p> <p>3/15</p> <p>3/15</p>

		New Product Requests Dolutegrevir – SG circulated the 2 new product request forms and WH has added to formulary.	Action complete.				3/15
		New Product Requests SG has written to Dr Leahy regarding the Fentanyl Nasal Spray application. She will discuss with colleagues and SG will feed back response in due course.	Action complete.				3/15
		NICE Guidance SG invited AD to attend meeting.	Action complete.				3/15
		NICE Guidance HK has checked domperidone statement is available in all paediatric departments and that the Trust is obeying guidance.	Action complete.				3/15
		MHRA DSU AM has written to rheumatology/renal teams and highlighted issues with mycophenolate.	Action complete.				3/15
		HERPC Minutes JLy not present to discuss Ezetimibe prescribing information.	Follow up at next meeting.		JLy	4/15	
		HERPC Minutes AM to write to cardiology once Ezetimibe prescribing information available.	Follow up at next meeting.		AM	4/15	
		Chairs Approval AM has written paper discussing octreotide which is on this agenda for further discussion.	Action complete.				3/15
		AOB Drug Policy wording regarding oral chemotherapy prescribing is on this agenda for discussion.	Action complete.				3/15

2015.03.05	<b>New Product Requests</b>	<p><b>Eculizumab – Dr M Chanayireh</b> Requested in response to NICE guidance HST1. Current position is NHSE will commission if specialist centre in Newcastle give approval for use, if no approval gained then IFR route must be followed.</p> <p>As issues arose during chairs approval for Eculizumab, POB has produced a draft flow chart demonstrating process to follow when seeking chairs approval. Any further comments should be sent to POB.</p> <p>The committee highlighted the need to include process to follow when request is made outside of normal working hours.</p> <p><b>Alogliptin – Endocrinology Team</b> Concerns were raised regarding lack of long term safety data, which has also been highlighted in the TAG recommendation. The committee recognised that this was usual in new drugs to market and that the financial advantages of adding the drug to formulary would be significant, therefore the committee approved the application.</p> <p><b>Dolutegravir &amp; Dolutegravir/Abacavir/Lamivudine (Triumeq) – Dr K Adams</b> NHS commissioning paper written, no NICE guidance as yet.</p>	<p>Approved for use in line with NICE HST1.</p> <p>POB to update flow chart with committee's comments.</p> <p>DC to circulate draft to medical directors for input.</p> <p>AM to write to diabetes team and inform them of committee's decision and request further clarification on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line treatments.</p> <p>Approved for use in line with NHSE commissioning.</p>	<p>WH to add to formulary and include link to NICE HST1</p> <p>Updated flow chart to be circulated to committee</p> <p>DC to circulate to medical directors</p> <p>AM to write to diabetes team regarding order of use</p> <p>AM to write to applicant and WH to update formulary</p>	<p>WH</p> <p>POB</p> <p>DC</p> <p>AM</p> <p>AM/WH</p>	<p>4/15</p> <p>4/15</p> <p>4/15</p> <p>4/15</p> <p>4/15</p>	
2015.03.06	<b>NICE Guidance</b>	<ul style="list-style-type: none"> <li>CG61 Irritable bowel syndrome in adults: diagnosis and management in IBS in primary care.</li> </ul>	All drugs or groups referenced are available on formulary.	No further action			3/15

		<ul style="list-style-type: none"> <li>• TA330 Sofosbuvir for treating chronic hepatitis C.</li> </ul>	Update formulary status to state “as per NICE TA330 guidance”.	WH to update formulary	WH	4/15	
		<ul style="list-style-type: none"> <li>• TA 329 Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262).</li> </ul>	All on formulary, but golimumab status to be updated to include gastroenterology.	WH to update formulary	WH	4/15	
		<ul style="list-style-type: none"> <li>• TA334 Regorafenib for metastatic colorectal cancer after treatment for metastatic disease (terminated appraisal).</li> </ul>	On CDF but not on formulary	No further action			3/15
		<ul style="list-style-type: none"> <li>• TA 333 Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment.</li> </ul>	On CDF, if no previous application made new application needs to be made.	SG to request new product application from SS, if necessary.	SG	4/15	
		<ul style="list-style-type: none"> <li>• TA331 Simeprevir in combination with peginterferon alfa and ribavirin for treating genotypes 1 and 4 chronic hepatitis C.</li> </ul>	Formulary status to be updated to state “as per NICE TA331 guidance”	WH to update formulary	WH	4/15	
		<ul style="list-style-type: none"> <li>• TA332 Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer.</li> </ul>	Not recommended by NICE, not on formulary.	No further action			3/15
		<ul style="list-style-type: none"> <li>• NG2 Bladder cancer: diagnosis and management.</li> </ul>	Noted. All agents available on formulary or CDF.	No further action			3/15
		<ul style="list-style-type: none"> <li>• NG3 Diabetes in pregnancy: management</li> </ul>	All agents	No further action			3/15

		of diabetes and its complications from preconception to the postnatal period.	available on formulary.				
2015.03.07	<b>MHRA Drug Safety update</b>	<p><b>February 2015</b> POB has already cascaded information to the two clinical areas which currently use Nitrous Oxide.</p> <p>DC informed the group that a drug/driving leaflet was currently being written by HEY.</p> <p><b>Review of diclofenac tablet use at HEY.</b> Usage figures indicated that most areas now no-longer regularly used diclofenac tablets, with the exception of H4, C8&amp;9, C15 and maternity/F&amp;W. SG would ask those areas about appropriateness of use, with a view to removing stock from most other areas where there was not a good reason to continue.</p>	<p>Noted.</p> <p>Noted.</p> <p>SG to contact H4, C8&amp;9, C15 to review use. Maternity to continue. Other areas to have stock removed.</p>	<p>No further action</p> <p>No further action</p> <p>SG to review and feed back</p>	SG	5/15	<p>3/15</p> <p>3/15</p>
2015.03.08	<b>Drug Policy – Chemotherapy Prescribing Section</b>	<p>The new wording was discussed by committee and comments will be taken forward to SMPC and the consultants meeting to be held at QCOH.</p> <p>The committee felt that more clarity was required regarding which grades of staff could prescribe, which areas - oncology/non-oncology, initiation/continuation and if the policy related to pre-existing or new chemotherapy.</p> <p>The committee also felt that the inclusion of a table showing myelosuppressive/non-myelosuppressive drugs would be useful.</p>	DAC to ask Grace Gough to revise wording and take to Oncology consultants meeting for further discussion.	DAC to feed back in due course	DAC	5/15	
2015.03.10	<b>Correspondence Received</b>	<p><b>Octreotide Paper</b> AM circulated a paper demonstrating the work he has done recently around the use of octreotide in bronchorrea. Initial results were</p>	Use of octreotide in this situation approved. Patient	SG to ask Anne Cracknell to help AM produce patient leaflet	SG	4/15	

		<p>very promising. Octreotide was already on the formulary, with no specific specialties listed and D&amp;TC approved use in patients where other treatments had failed.</p> <p><b>D&amp;TC representative for HERPC</b> AM informed the committee that he could not attend all of this year's HERPC meetings. HK has agreed to attend March HERPC in his place.</p>	<p>information leaflet to be developed.</p> <p>Noted.</p>	<p>on unlicensed use of octreotide for cough</p> <p>No further action</p>			3/15
2015.03.11	<b>Chairs Approvals</b>	None					3/15
2015.03.13	<b>Issues to escalate to Operational Quality Committee</b>	None.	No further action.				3/15
2015.03.14	<b>Any other Business</b>	<p>NHSE has circulated guidance regarding the prescribing and dispensing of Lyrica brand of pregabalin for the pain indication. The committee agreed that the trust should follow the guidance.</p> <p>SG has received notification from Lilly that they have produced a new Humalog 200iu/ml Kwikpen. Humalog 100iu/ml is already on formulary. The committee agreed that the best way forward was to discuss this with the diabetes team.</p>	<p>SG to notify Pharmacy staff &amp; the chronic pain team of this guidance.</p> <p>SG to discuss with Dr Allan.</p>	<p>SG to forward guidance to Pharmacy &amp; pain team</p> <p>SG to contact Dr Allen</p>	<p>SG</p> <p>SG</p>	<p>4/15</p> <p>4/15</p>	
2015.03.15	<b>Date and Time of Next Meeting</b>	<p>Thursday 9<sup>th</sup> April 2015, 8.15am – 9.30am. The Board Room, Alderson House, HRI</p>					