Drug and Therapeutics Committee – Minutes – Approved	
Date / Time	9th July 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 Prof M Lind, Vice Chair, Professor of Oncology Dr O Ogunbambi, Consultant Rheumatologist Dr H Klonin, Consultant Paediatrician Mr K McCorry, Pharmaceutical Advisor, ER CSU Dr M Miller, Senior Principal Pharmacist, Interface
Apologies	Dr R Meigh, Consultant Medical Microbiologist, HEY Mrs J Lyon, Head of Medicines Management, North Yorks and Humber CSU Dr F Umerah, Consultant Anaesthetist, HEY

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2015.07.01	**Apologies**	As above.					
2015.07.02	**Declarations of Interest**	ML informed the committee that he had attended an advisory board and had received honoraria from BMS regarding the EAMS and Nivolumab.	Noted	No further action			7/15
2015.07.03	**Minutes of the previous meeting**	The minutes were accepted as a true record.	Noted	No further action			7/15
2015.07.04	**Action Tracker**	Any Other Business SG/POB will forward details of clinical lead for acute pain to ML to discuss opiate conversion chart.	SG/POB to forward details to ML	ML to discuss with pain team	ML	5/15	
		Correspondence Received ML has asked Dr Maravayas to submit a new product request for pembrolizumab.	Action complete		ML		7/15
		Action Tracker POB to discuss EAMS at next D&T – on agenda.	Action complete		POB		7/15
		Action Tracker Presentation on Med/Legal issues has been circulated to committee.	Action complete		DC		7/15
		New Product Request - Golimumab MM has written to gastroenterology requesting a treatment pathway.	Action complete Pathway outstanding	SG to follow up	SG	9/15	7/15

		New Product Request - Apremilast MM has written to Rheumatology & Dermatology requesting a treatment pathway, due to new product request approvals for secukinumab and apremilast.	Action complete Pathway outstanding	SG to follow up	SG	9/15	
		KMc raised the issue that these products should not be used until approved by commissioners. Unfortunately the CCG cannot approve as commissioned as no GP prescribing lead is in place for Hull and ER at present. At present stock is free so there is no financial risk to HEY, however if product does not receive positive NICE TA CCG will not commission in future. JLy is attending Hull CCG meeting today to discuss apremilast.	New Action: KMc to inform SG of post meeting outcome on Apremilast with CCG.	Post meeting note – apremilast commissioning has now been confirmed.	KMc	8/15	
		New Product Requests AM has written to applicants and WH has updated formulary.	Action complete	No further action	AM		7/15
		New Product Requests WH has arranged for a D&T section to be added to HERPC website to enable public access to minutes.	Action complete	No further action	WH		7/15
		NICE guidance HK has discussed bronchiolitis with paediatric consultants and included “consultant recommendation only, not recommended for simple bronchiolitis”.	Action complete	No further action	HK		7/15
		Minutes from HERPC Cyanocobalamin has been added to formulary.	Action complete	No further action	WH		7/15
		Correspondence Received Humalog 200units/ml Kwikpen has been added to formulary.	Action complete	No further action	WH		7/15

		AOB NHSE Treatment of Chronic Hepatitis C in Cirrhosis. POB has discussed with Dr Moss. HEY have now received ODN status for Hepatitis C and are now a registered centre with York and NLAG as spokes. POB will be meeting with York and NLAG to discuss further.	WH to check if all medicines for new service are available on formulary.	WH to update formulary accordingly and inform POB of any medicines not available. POB to ensure any medicines not on formulary receives a D&TC application	WH POB	8/15 8/15	
2015.07.07	**New Product Requests**	Everolimus – Dr Edey Dr Edey made a submission as there have already been two chairs approvals for everolimus and he now has a third patient who he feels would benefit, as an alternative to sirolimus. NHSE have advised they will not routinely commission and therefore everolimus would only be available on IFR. Vedolizumab – Dr Sebastian NICE TA342 Vedolizumab for treating moderately to severe active ulcerative colitis.	Approved on condition that chairs approval is always sought and that NHSE IFR applied for. Approved in line with NICE TA.	AM to write to applicants and WH to update formulary.	AM/WH	8/15	
2015.07.07	**NICE Guidance**	• TA339 Omalizumab for previously treated chronic spontaneous urticaria • TA342 Vedolizumab for treating moderately to severe active ulcerative colitis • TA341 Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism	On formulary Approved above On formulary, “in line with NICE”	WH to update NICE TA references in formulary No further action No further action			7/15 7/15 7/15

		• TA340 Ustekinumab for treating active psoriatic arthritis (rapid review of TA313)	On formulary	No further action			7/15
		• NG8 Anaemia management in people with chronic kidney disease	All medicines on formulary	No further action			7/15
		• CG97 Lower Urinary Tract Symptoms in men: assessment and management	All medicines on formulary	No further action			7/15
		• TA343 Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia	Not on formulary. Submissions will be made if required.				7/15
		• TA344 Ofatumumab in combination with chlormabucil or bendamustine for untreated chronic lymphocytic leukaemia ML informed the committee that there are horizon scanning teams in oncology who are looking into what is required by the dept.	Currently on CDF list.	SG to request new drug request from Sarah Scargill	SG	8/15	
		• CG92 Venous Thromboembolism in adults admitted to hospital – reducing the risk	All medicines on formulary	No further action			7/15
2015.07.07	**MHRA Drug Safety update**	June 2015 SGLT2 inhibitors & DKA Guidance – AM to write to endocrinology to ask if this needs adding to the Trust DKA guidance	AM to write to endocrinology	AM to write to endocrinology	AM	8/15	
		High dose ibuprofen – the committee felt that only a very small number of patients at HEY would be prescribed high doses and these patients would not to be in “at risk” groups. The committee felt that there would be more risk with high doses in the community setting.	Noted. CCGs plan to review patients in the community.	No further action			7/15

2015.07.08	**Early Access to Medicines Scheme (EAMS)**	POB explained to the committee that this was a new MHRA initiative to enable patients with unmet clinical needs to access promising new medicines. POB proposed that D&TC new product request applications should still be made for these new drugs. EAMS medicines will be available free of charge until a licence is granted, when NICE will then assess as a priority. For each drug on the MHRA website there was a scientific opinion & public assessment report, a treatment protocol for patients, a treatment protocol for healthcare professionals and a pharmacovigilence protocol.	The new scheme was noted and the committee agreed that any requests should come on the usual request form, together with the MHRA supporting assessment as evidence.	No further action			7/15
2015.07.09	**Minutes from Hull & East Riding Prescribing Committee**	March 2015 MM had asked for these minutes to be brought back to D&T as alprostadil cream was approved at HERPC in March at the time it was thought that this medicine would only be required in the community, however Dr Joshy still runs an outpatient clinic at HEY.	Committee agreed to incorporate in the HEY formulary.	WH to update formulary	WH	8/15	
2015.07.11	**Correspondence Received**	Dr Nandakumar had written to AM regarding a patient with motor neurone disease. The patient's father had found a new drug GM604 which was currently in phase I & II clinical trials in America. The father had spoken to the chief operating officer at Genovon, who had agreed to provide this new drug. GM604 currently has orphan drug designation from the FDA for recurrent ALS. The patient's father has asked if the drug could be procured by HEY and if HEY would be willing to monitor the patient. Eculizumab – SG had received correspondence thanking the chair and the	The committee agreed that AM should write back to the neurology department and asked if they would be willing to issue a script and submit an application for further discussion at D&T. Noted.	AM to write to Dr Nandakumar No further action	AM	8/15	 7/15

		D&T committee for giving chairs approval for a patient to receive eculizumab. The patient was now in full recovery and it was thought that the use of the drug had resulted in the patient's renal transplant being saved.					
2015.07.10	**Chairs Approvals**	• Everolimus – Maintenance Immunosuppression – Dr Edey • Vedolizumab – Ulcerative Colitis – Dr Sebastian • Benzbromazone – Chronic Topaceous gout – Dr Middleton Once potential side effects were explained to patient, they decided not to go ahead with treatment. • Ferinject – Iron Deficiency Anaemia – Dr Ali • Capreomycin – Multidrug Resistant TB – Dr Thaker	Noted.	No further action			7/15
2015.07.13	**Issues to escalate to Operational Quality Committee**	No issues to escalate					7/15
2015.07.14	**Any other Business**	POB informed the committee he was looking at a NHSE Specialist Circular to see if there were any potential implications for the trust. Currently the trust stocks both plain and soluble prednisolone tablets. Prednisolone 5mg plain tablets (28) £0.40p Prednisolone 5mg soluble tablets(30) £53.34 Plain tablets are soluble in water and the trust could save approx. £24,000 a year by advising patients to dissolve in water instead of	Noted HEY could switch to use of plain prednisolone tablets, with a cost saving	No further action To be discussed at HERPC and brought back to D&TC for further discussion	WH	9/15	7/15

		prescribing soluble tablets. MM advised that this switch would not be that easy in community as carers would be unable to dissolve plain tablets in water for their patients.	Discuss further at HERPC	WH to add to HERPC agenda for further discussion	WH	8/15	
2015.07.15	**Date and Time of Next Meeting**	Thursday 13th August 2015, 8.15am – 9.30am. The Board Room, Alderson House, HRI					