

Drug and Therapeutics Committee – Minutes –approved

Date / Time	Thursday 9 th June 2016
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 Mr K McCorry, Medicines Management, East Riding CSU Dr F Umerah, Consultant Anaesthetist Mr R Kapur, Vascular Surgeon
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Apologies	Dr H Klonin, Consultant Paediatrician Dr O Ogunbambi, Consultant Rheumatologist Prof M Lind, Vice Chair, Professor of Oncology
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2016.06.01	Apologies	As above.					
2016.06.02	Declarations of Interest	None.	Noted	No further action			06/16
2016.06.03	Minutes of the previous meeting	The minutes were accepted as a true record.					06/16
2016.06.04	Action Tracker	<p>Lorenzo E Prescribing Demonstration CD has provided feedback from 6 junior doctors in cardiology, with different levels of experience from FY1 to registrar. Feedback was regarding the new IDS discharge document on Lorenzo, as well as about Lorenzo in general. The system is live in the cardiology wards: C26, C27, C28, CMU & cardiac 5-day ward. Overall comments were positive about the prescribing system, but there are still issues with the speed/reliability of the Lorenzo system.</p> <p>Minutes of the Previous Meeting WH has amended the previous minutes regarding brimonidine commissioning.</p> <p>D&T Attendance DC updated the committee regarding lay membership. It was thought that someone suitable had been identified by Sarah Bates. DC would arrange to meet with them to explain the role and check that they were in agreement.</p> <p>New Product Requests ML has written to applicants and WH has updated the formulary.</p> <p>New Product Requests - Tedizolid POB has discussed OPAT with clinical lead regarding Tedizolid.</p>	<p>Action complete</p> <p>Action complete</p> <p>DC to progress lay member</p> <p>Action complete</p> <p>Action complete</p>	<p>DC to meet with lay member</p>	DC	07/16	<p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p>

	<p>Oral use would be instead of linezolid oral, which was a red drug. However, daily IV tedizolid OPAT would be a new usage. KMCC and POB will discuss commissioning further outside meeting.</p> <p>NICE Guidance TA3387 Abiraterone – WH has updated formulary</p> <p>NICE Guidance TA388 Sacubitril Valsartan – WH had added to the HERPC agenda. It was discussed and MM has agreed to discuss prescribing issues with Prof Clark as an action from HERPC.</p> <p>NICE Guidance CG90 Depression in Adults – MM has discussed dosulepin use with HFT. Drug no longer initiated, but there may be some patients who are stable on it.</p> <p>MHRA DSU ML has written to Dr Roy regarding aflibercept & osteonecrosis of the jaw.</p> <p>MHRA DSU ML has written to Gastroenterology regarding live vaccines in immunocompromised patients.</p> <p>MHRA DSU OO to discuss live vaccines in immunocompromised patients with Rheumatology.</p> <p>Gynaecology/Oncology ERAS Protocol SG had met with Dr Gemma Lee to feed back the committee's comments and the protocol has been updated accordingly.</p> <p>Correspondence Received Elderly Medicines Antibiotic Guideline – SG to inform Dr Barlow of committee's decision at next ACAT meeting. 06/6/16 ACAT meeting was cancelled. Awaiting a further meeting date.</p>	<p>KMcC & POB to discuss commissioning</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Pending</p> <p>Action complete</p> <p>Pending next ACAT meeting</p>	<p>KMcC & POB to discuss further</p> <p>OO to discuss</p> <p>SG to feed back</p>	<p>KMcC & POB</p> <p>OO</p> <p>SG</p>	<p>07/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>07/16</p>	<p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>06/16</p> <p>07/16</p>
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		Correspondence Received ML to write to Dr Zaman re ivermectin & rosacea treatment pathway	Action complete				06/16
2016.06.05	New Product Requests	<ul style="list-style-type: none"> Rituximab – Dr H Collinson, Renal medicine – Idiopathic Membranous Glomerulonephritis Approved for treatment of relapsing idiopathic membranous glomerulonephritis, but not as first line treatment. Following the recent chairs approval for this drug and condition, it was understood that NHSE are the commissioners for this, however their position was that it was not routinely commissioned: https://www.engage.england.nhs.uk/consultation/clinical-commissioning-wave10/user_uploads/a06x01-policy-prop.pdf. Therefore, future patient requests would require a NHSE IFR. Ceftolazone/Tazobactam – Dr G Barlow – Complicated UTI/Intra-abdominal infection & Pyelonephritis While the evidence mostly showed non-inferiority to existing antibiotics, it was felt that this agent would be a useful addition to the formulary, when used as a restricted (ALERT) antibiotic on ID Consultant/Microbiologist advice for resistant organisms. It could be used instead of piperacillin/tazobactam or meropenem, so also had potential to help with the 2016-17 CQUIN targets on antimicrobial resistance and antimicrobial stewardship. Olaparib – Dr P O'Neill/Dr G Bozas Tolvaptan – K Medlinskiene/Renal Medicine - Autosomal dominant polycystic kidney disease Approved for use in line with NICE TA358. This would now make the drug available on the formulary to Oncology, Endocrinology and Renal. Existing Oncology & 	<p>Approved for treatment of relapsing IMG, but not first line. Formulary to state NHSE IFR required.</p> <p>Approved for restricted use as a restricted (ALERT) antibiotic</p> <p>Approved for use in line with NICE TA381</p> <p>Approved for Renal Department use in line with NICE TA358</p>	<p>AM to write to applicants WH to update formulary.</p> <p>POB to confirm anticipated patient figures with Renal and inform KMcC.</p>	<p>AM/WH</p> <p>POB</p>	<p>07/16</p> <p>07/16</p>	

		Endocrinology use was usually as an inpatient, with any long-term use requiring an IFR.					
2016.06.06	NICE Guidance	<ul style="list-style-type: none"> • CG152 Crohn's Disease Management (Update) • TA217 Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease • CG 98 Jaundice in newborn babies under 28 days (Update) • CG 42 Dementia: supporting people with dementia and their carers in health and social care (Update) • TA 391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel • TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes • NG47 Haematological cancers: improving outcomes • NG33 Tuberculosis (Update) • CG155 Psychosis & Schizophrenia (Update) 	No formulary issues with any NICE guidance this month, all medicines on formulary. Several were minor updates.	No further action			06/16
2016.06.07	MHRA Drug Safety update	May 2016 Highlight to Haematology risk of hepatitis B reactivation in patients receiving treatment with tyrosine kinase inhibitors (all 5 agents listed are on the Trust formulary) and pomalidomide.	To make Haematology aware	SG to email James Bailey	SG	07/16	
2016.06.08	HERPC minutes March 16	Noted					06/16
2016.06.09	Dose Banding of IV Systemic Anti-Cancer Therapy (SACT)	POB gave the committee an overview of the dose banding currently used at HEY and circulated two papers relating to dose banding of IV chemotherapy - nationally and locally. Increased use of dose banding will improve patient experience and reduce waste. The committee approved the principle of dose banding chemotherapy, as shown in both papers.	The committee approved the plans for dose banding of chemotherapy.	No specific actions for D&T Committee			06/16
2016.06.10	Updated Terms of Reference	Terms of Reference have been updated to reflect current membership, including Mr Kapur as surgeon representative for the Surgery Health Group. These were approved.	Approved.	WH to update formulary page on intranet	WH	07/16	

2016.06.11	Correspondence Received	Dr Mohammed had requested a line extension of dispersible alendronic acid tablets. Alendronic acid was already available as low cost generic solid tablets and a higher cost liquid. The alternative therapy of a once a year IV zoledronic acid was also available, so it was thought that there was no need for this additional form to be added to formulary.	Dispersible alendronic acid tablets not approved.	SG will write back with the committee's decision	SG	07/16	
2016.06.12	Chairs Approvals	Dulaglutide – Type 2 Diabetes – Dr B Allan.	Noted.	No further action			06/16
2016.06.13	Issues to escalate to OQC	None this month.					06/16
2016.06.14	Any other Business	Xeomin vs Botox – Botulinum A Toxin When the Xeomin new drug application had been discussed, it was asked that the committee review usage figures after 6 months. From May to Oct 2015 111 vials of Botox had been issued for Dr Salawu in Rehabilitation Medicine. In the following 6 months (Nov 2015 – April 2016) 21 vials of Botox and 105 vials of Xeomin 100units had been issued. There were also 50 vials of Xeomin 50 units issued in the 2 nd 6 month period. This was in line with the Xeomin application estimate of 120 outpatients and 20-40 inpatients per year.	Noted.	No further action			06/16
	Date and Time of Next Meeting	Thursday 14 th July 2016, 8.15am – 9.30am. The Board Room, Alderson House, HRI					