

Drug and Therapeutics Committee – Minutes –Approved

Date / Time	12 th May 2016
Venue	Large Meeting Room, Simpson Building, 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 P O'Brien, Deputy Chief Pharmacist Dr O Ogunbambi, Consultant Rheumatologist Mr K McCorry, Medicines Management, East Riding CSU Dr F Umerah, Consultant Anaesthetist Dr M Miller, Senior Principal Pharmacist (Deputy for Mr D Corral) Mrs C Grantham, Medicines Management Nurse
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Apologies	Dr H Klonin, Consultant Paediatrician Prof A Morice, Chair, Professor of Respiratory Medicine Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2016.05.01	Apologies	As above.					
2016.05.02	Declarations of Interest	ML had attended an event sponsoring a drug for the treatment of ovarian cancer.	Noted	No further action			5/16
2016.05.03	Minutes of the previous meeting	Page 2 stated that Hull CCG would commission brimonidine gel, this was incorrect. KMcC clarified that brimonidine gel would not be routinely commissioned by Hull or ER CCG.	Amend minutes	WH to amend minutes		6/16	
2016.05.04	Action Tracker	<p>NICE Guidance NG24 Blood Transfusion – This had been discussed at the Anaesthetic Department Divisional Meeting. It was noted that tranexamic acid was already being used in some cases – e.g. orthopaedic ERAS. The use of tranexamic acid would be discussed between surgeon & anaesthetist at the pre-operative WHO checklist briefing. It was thought that current practice will generally remain the same.</p> <p>Action Tracker CCG commissioning issues are on HERPC agenda for discussion</p> <p>New Product Request AM has written to applicants and WH has updated formulary</p> <p>NICE Guidance TA386 Ruxolitinib – SG has requested application from Sarah Scargill</p> <p>Lorenzo E Prescribing Demonstration WH to chase CD for feedback from Junior Doctors</p>	<p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Pending</p>				<p>5/16</p> <p>5/16</p> <p>5/16</p> <p>5/16</p> <p></p>

		<p>D&T Attendance SG has written to Caroline Hibbert and Chris Shaw requesting a representative from Surgery Health Group to attend D&T, as a replacement for Mr Renwick, who now has other commitments on Thursday mornings.</p> <p>D&T Attendance DC has discussed lay member recruitment with Sarah Bates, but was not present to feedback if someone has been found.</p> <p>D&T Attendance WH to clarify if Dr Roper will be attending future D&T meetings as GP representative – added to HERPC agenda for discussion.</p> <p>Correspondence Received Pecfent had been added to the formulary. Supply of fentanyl nasal spray was discussed at MMIG and will be further discussed at HERPC.</p> <p>AOB POB has sought the opinion of the HG directors regarding use of ondansetron & cyclizine injections. It has been agreed that cyclizine will be removed from all ward stock lists (due to increased cost) and only reinstated if specifically requested at consultant level. POB informed the committee that Central Theatres and Day Surgery have already requested that cyclizine injection be added to their stock lists. FU made the case that cyclizine injection should also be held by Obstetrics & Gynaecology theatres, as PONV was common in these patients. WH has added droperidol back to the formulary.</p>	<p>Action complete</p> <p>Pending</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p>				<p>5/16</p> <p>5/16</p> <p>5/16</p> <p>5/16</p> <p>5/16</p> <p>5/16</p>
2016.05.05	New Product Requests	<p>Tedizolid – Dr G Barlow/Dr K Adams The committee had a long discussion regarding the safety implications of this new agent. It is the same class drug as linezolid but as yet it is unclear if it has all of the same pharmacological interactions, or if it has less once experience increases. Tedizolid has the advantage of a once daily infusion compared to twice daily linezolid and it was felt this would be of</p>	<p>Approved for use by inpatients intolerant/unsuitable for Linezolid, as an ALERT</p>	<p>ML to write to applicant WH to update formulary.</p> <p>POB to feedback on</p>	<p>ML/WH</p> <p>POB</p>	<p>6/16</p> <p>6/16</p>	

		benefit to patients attending OPAT. However, as linezolid was not currently used in OPAT and tedizolid is expensive, it was unclear how the drug would be funded for use in OPAT at this time. Tedizolid would be an ALERT antibiotic, for use only on microbiology/ID Consultant approval.	antibiotic. POB to investigate commissioning position before approved for use in OPAT.	commissioning/funding issue			
2016.05.06	NICE Guidance	<ul style="list-style-type: none"> • NG 45 Routine Preoperative Tests for Elective Surgery • NG 46 Controlled Drugs: Safe Use and Management • TA387 Arbiraterone for treating metastatic hormone relapsed prostate cancer before chemotherapy is indicated • TA389 Topotecan Pegylated Liposomal Doxorubicin Hydrochloride, Paclitaxel, Trabectedin, & Gemcitabine for Treating recurrent Ovarian Cancer • TA388 Sacubitril Valsartan for Treating Symptomatic Chronic Heart Failure With Reduced Ejection Fraction – approved last month for use by Prof Clark only until TA published. Now this medicine has a positive NICE TA it is felt that the cohort of patients eligible for treatment will be too large for Prof Clark to continue as the sole prescriber, and a status of guideline led may be more practical. Status to be discussed at HERPC. • CG 90 Depression in Adults - Guideline does not recommend prescribing of dosulepin but it was noted that patients are still admitted to the Trust on it. KMCC 	<p>No issues</p> <p>No formulary issues. Will be discussed at accountable officer meeting</p> <p>Already on formulary</p> <p>Recommended agents are already on formulary</p> <p>WH to agenda for HERPC</p> <p>MM to raise use of Dosulepin with HFT</p>	<p>Noted</p> <p>Noted</p> <p>WH to add TA387 to formulary</p> <p>Noted</p>	<p>WH</p> <p>WH</p> <p>MM</p>	<p>6/16</p> <p>6/16</p> <p>6/16</p>	<p>5/16</p> <p>5/16</p> <p>5/16</p>

		advised that Dosulepin is on the PresQIPP drop list.					
2016.05.07	MHRA Drug Safety update	<p>April 2016 Neurology pharmacist has already written to Dr Ming and Dr Harley regarding MS drugs and associated risks, including progressive multifocal leukoencephalopathy.</p> <p>Aflibercept & osteonecrosis of the jaw</p> <p>Live vaccines in immunocompromised patients MM has emailed W&C regarding use and requested this be discussed further at governance. OO will highlight risks to rheumatology. ML to write to gastroenterology.</p>	<p>Noted</p> <p>Noted</p> <p>Noted</p>	<p>No further action</p> <p>ML to write to Dr Roy</p> <p>ML to write to gastroenterology OO to discuss with Rheumatology colleagues</p>	<p>ML</p> <p>ML</p> <p>OO</p>	<p>6/16</p> <p>6/16</p> <p>6/16</p>	5/16
2016.05.08	Gynaecology /Oncology Enhanced Recovery After Surgery	<p>These were good documents. The committee approved the guidelines once the following points have been clarified/ amended:</p> <p>Generic names on drugs Micrograms written in full Some typographical errors/spellings to correct Strength/dose on thoracic epidural Ropivacaine – clarify as “pain bomb” elastometric pump device Diclofenac – NSAID of choice better as ibuprofen Ranitidine – less CDI risk than PPI Lansoprazole Dalteparin duration to be 4/52 total Antibiotics as per Trust antibiotic prophylaxis guidelines</p>	Approved with amendments	SG to meet with Dr Gemma Lee to feed back comments & amend	SG	6/16	
2016.05.09	Minutes from Safe Medication Practice Committee – Nov/16 & Jan/16	<p>Unlicensed medication policy/guidelines were being reviewed. It is proposed that patients should be consented according to the clinical risk of the product prescribed. POB updating documents for SMPC.</p>	Noted.	No further action			5/16

2016.05.10	Correspondence Received	<p>Elderly Medicine Antibiotic Guideline – Empiric antibiotic guidance has now been updated to include options that are lower risk of provoking C. difficile diarrhoea. It was felt, after discussion with Dr Barlow at ACAT, that the elderly guideline was therefore no longer needed. AM agreed with this. SG also informed the committee that an ID/microbiology consultant would now be attending AMU Mon to Fri as an in reach service, to pick up any antibiotic issues.</p> <p>OO had received a letter from Dr Zaman regarding ivermectin which stated she would like to use as first and second line treatment but that it would not be completely replacing metronidazole. The committee felt that this was too vague and would still like a pathway to be prepared, for the committee to review.</p>	<p>SG to feed back to Dr Barlow/ next ACAT meeting</p> <p>Pathway document required for rosacea drug treatment</p>	<p>SG to feed back</p> <p>ML to write back to Dr Zaman</p>	<p>SG</p> <p>ML</p>	<p>7/16</p> <p>6/16</p>	
2016.05.11	Chairs Approvals	<ul style="list-style-type: none"> • Rituximab – Biopsy Proven Refractory Membranous Nephropathy – Dr H Collinson • Alemtuzumab – Steroid Resistant Renal Rejection – Dr T Jorna 	Noted	No further action			5/16
2016.05.12	Issues to escalate to OQC	None this month					5/16
2016.05.13	Any other Business	POB informed the committee that information regarding EAMS is now available at: https://www.gov.uk/government/publications/early-access-to-medicines-scheme-eams-how-the-scheme-works	Noted	No further action			5/16
	Date and Time of Next Meeting	Thursday 9 th June 2016, 8.15am – 9.30am. The Board Room, Alderson House, HRI					