

## Drug and Therapeutics Committee – Minutes –approved

<b>Date / Time</b>	14 <sup>th</sup> April 2016
<b>Venue</b>	The Board 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 D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Mr P O'Brien, Deputy Chief Pharmacist Prof M Lind, Vice Chair, Professor of Oncology Dr O Ogunbambi, Consultant Rheumatologist Dr H Klonin, Consultant Paediatrician Ms E Lyle, Medicines Management, Hull CSU Ms C Doyles, Senior Principal Pharmacist (Guest) Mr P Suffolk, Lorenzo Configuration (Guest)
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<b>Apologies</b>	Mr K McCorry, Medicines Management, East Riding CSU Dr E Williamson, Consultant Microbiologist
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2016.04.01	<b>Apologies</b>	As above.					
2016.04.02	<b>Declarations of Interest</b>	None	Noted.	No further action			04/16
2016.04.04	<b>Minutes of the previous meeting</b>	The minutes were ratified and accepted as a true record.	Noted.	No further action			04/16
2016.04.04	<b>Action Tracker</b>	<p>Opioid Conversion Chart Has now been updated and sent to Dr Leahy for addition to palliative care website.</p> <p>NICE Guidance NG24 Blood Transfusion – FU not present to discuss if raised within surgery dept.</p> <p>New Product Requests OO has written to dermatology and requested place in treatment pathway.</p> <p>New Product Requests Brimonidine Gel – EL reported that ER CCG will not commission, but Hull CCG have approved for commissioning. Situation to be further discussed at HERPC.</p> <p>A discussion on dermatology took place, as some dermatology work is now at Spire Hospital and commissioned by CCG. Issues around medicines being commissioned by only one local CCG were discussed and it was agreed to discuss this further at HERPC.</p>	<p>Action complete</p> <p>Ongoing</p> <p>Action complete</p> <p>Action complete</p> <p>WH to add to HERPC agenda</p>	<p>FU to report back</p>	<p>FU</p> <p>WH</p>	<p>01/16</p> <p>04/16</p> <p>04/16</p> <p>05/16</p>	<p>04/16</p> <p>04/16</p> <p>04/16</p>

		<p>NICE Guidance SG has requested applications be submitted for Olaparib, Enzalutamide, Nivolumab and Radium-223 dichloride.</p>	Action complete				04/16
		<p>NICE Guidance TB drugs already in use have been listed individually on the formulary.</p>	Action complete				04/16
		<p>MHRA DSU OO has written to Dr Middleton (for AMU &amp; EAU) re risk of ulcer complications when using nicorandil.</p>	Action complete				04/16
		<p>MHRA DSU Valproate in pregnancy has been discussed at the Pharmacy Governance meeting and actions developed.</p>	Action complete				04/16
		<p>Correspondence Received Timodine and Trimovate have been added to formulary.</p>	Action complete				04/16
		<p>AOB SG has passed Dymista query over to the Interface Pharmacist, who has written to the locum Consultant involved.</p>	Action complete				04/16
2016.04.05	<b>New Product Requests</b>	<p>Idarucizumab (Praxbind) – Dr D Allsup Specific reversal agent for dabigatran. Approved and agreed to hold two vials in the emergency cupboard at HRI, only to be accessed on the advice of Haematology. Thrombosis committee have updated and approved the guideline to include this agent.</p> <p>Sacubitril:Valsartan – Prof A Clark The committee agreed that the clinical evidence supporting the application was very good and it is understood that a NICE TA is imminent. Approved for use solely by Prof Clark at present, in line with PARADIGM-HF trial. Review use in 6 months and when NICE TA published.</p> <p>Edoxaban – Dr A Abdul Hamid Approved for use in line with NICE TA's 354 &amp; 355, as 4<sup>th</sup> DOAC on formulary.</p>	<p>Approved</p> <p>Approved for use by Prof Clark only</p> <p>Approved</p>	AM to write to applicants WH to update formulary	AM/WH	05/16	

2016.04.06	<b>NICE Guidance</b>	<u>March 2016</u> <ul style="list-style-type: none"> <li>• NG44 Community engagement: improving health and wellbeing and reducing health inequalities</li> <li>• CG62 Antenatal care for uncomplicated pregnancies</li> <li>• TA 23 Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer)</li> <li>• TA386 Ruxolitinib for treating disease related splenomegaly or symptoms in adults with myelofibrosis</li> <li>• NG13 Workplace Health: Management Practices</li> </ul>	<p>Noted</p> <p>Update noted</p> <p>Noted, on formulary</p> <p>SG to request application from SS</p> <p>Noted</p>		SG	05/16	
2016.04.07	<b>MHRA Drug Safety update</b>	<u>March 2016</u> Trametinib risk of GI perforation – not on formulary, but on CDF list. Prof Maraveyas is aware.  SG also discussed the Patient Safety Alert reference number: <b>NHS/PSA/Re/2015/009 “Support to minimise the risk of distress and death from inappropriate doses of naloxone”</b> . There had been no Trust Datix reports of inappropriate doses from 01/04/13 to 23/3/16. The Trust has guidelines on acute pain for adults and children. Dr Leahy had been contacted to add a naloxone section to the - Opioids in Palliative Care Guideline. Acute medicine (ED, AMU) use Toxbase as a reference source, and the BNF & BNFC have appropriate low & high doses for the different indications. The committee agreed that this was appropriate and that further actions were not needed at present.	<p>Noted</p> <p>Noted</p>	<p>No further action</p> <p>No further action</p>			<p>04/16</p> <p>04/16</p>
2016.04.08	<b>Lorenzo E Prescribing</b>	CD & PS gave a brief demonstration of e-prescribing with Lorenzo. The committee had concerns regarding the reliability	CD to circulate feedback from		CD	05/16	

	<b>Demonstration</b>	of the system due to recent episodes of down time. ML suggested from experience with ARIA, it would be safer to go paperless from day 1 to avoid the risk of changes on paper notes not being transferred to the electronic system. DC explained that all trusts must have electronic system in place by 2020. It is hoped the pilot Lorenzo electronic prescribing and medicines administration tool will initially take place on the rehabilitation ward at CHH in March 2017.	Jnr Dr's on e-prescribing pilot in cardiology.				
2016.04.09	<b>Minutes from Hull &amp; East Riding Prescribing Committee</b>	January 2016 Jackie Lyon has now retired from CSU. North of England Commissioning Support now in place, although structure still needs to be clarified.	Noted	No further action			04/16
2016.04.10	<b>Attendance &amp; New Product Requests</b>	<u>D&amp;T Attendance April 15 – March 16</u> Report noted. There had been 10 meetings in 2015/16, with good attendance. PR was unable to attend for Surgery HG due to clinics on the south bank. DC to discuss lay member with Sarah Bates Dr Culbert to be removed from list, as pain service no longer part of HEY, and there is already a surgeon & anaesthetist on the membership of the committee. Alter finance to “when required”. The terms of reference would need be reviewed & updated as above.  <u>New Product Requests April 15 – March 16</u> Report noted. There had been 29 new product requests in 2015/16, with 27 approved and 2 deferred. POB recommended that NICE TA reference numbers were added were relevant. It was also agreed to add when apremilast was removed from the formulary for new patients, following publication of NICE TA368.	Surgery, lay member, and CCG representatives still required.  WH to update terms of reference  Add NICE TA numbers before addition to Pharmacy intranet site	SG to write to surgery. DC to discuss lay member with Sarah Bates. WH to add to HERPC agenda & revise ToR.  WH to add NICE TA numbers & apremilast removal	SG DC WH WH WH	05/16 05/16 05/16 07/16 05/16	
2016.04.11	<b>Correspondence Received</b>	DC had asked that the news article <a href="#">“NHS England takes robust action on conflicts of interest”</a> on 31/03/16 be discussed. It was	Noted	Await national guidance			04/16

		<p>agreed to await any further national report or guidance.</p> <p>Pecfent Fentanyl Nasal Spray – Dr H Leahy This request was previously deferred, pending further information. Dr Leahy has written to SG with more information on patient cohort, as community wanted assurance that prescribing would only take place in palliative care specialists. The committee were happy with assurance that the product would only be prescribed by palliative care, in a similar way to Effentora, for patients with complex breakthrough pain, in particular when oral absorption was a problem or when side effects of other PRN opioids were problematic, or where oral pathology/dry mouth prevented use of Effentora. Patients would be reviewed early to establish benefit or discontinue use. Logistics of supply via CHCP, Dove House and HEY to be discussed further at MMIG.</p>	<p>WH to add to formulary with “palliative care specialist only”</p> <p>WH to add to MMIG agenda</p>		<p>WH</p> <p>WH</p>	<p>05/16</p> <p>05/16</p>	
2016.04.12	<b>Chairs Approvals</b>	<ul style="list-style-type: none"> <li>• Isuvaconazole – Aspergillosis – Dr G Barlow – approval given</li> <li>• Tacrolimus (Envarsus) – Kidney Transplant Tremor – Dr T Jorna – approval given</li> <li>• Evolocumab –Hypercholesterolaemia - Dr D Narayanan – approval declined</li> </ul>	Noted	No further action			04/16
2016.04.13	<b>Issues to escalate to QQC</b>	None this month					04/16
2016.04.14	<b>Any other Business</b>	<p>POB informed the committee that the cyclizine injection shortage had now been resolved but that the injection had now greatly increased in price in comparison to ondansetron, which was currently being used. The committee agreed that the Trust should carry on using ondansetron but if there was a patient risk to the QT interval or for palliative care, cyclizine would remain an option.</p> <p>SG has been asked by FU if droperidol can be reinstated to the formulary. Droperidol was removed when the product was discontinued, but it is now available again. The last time this was discussed in 02/2011, the committee had requested that the acute pain guidelines were amended to include its use. The pain</p>	<p>POB will email HG Directors and ask for opinions on situation.</p> <p>Add droperidol back on formulary for post-operative nausea &amp;</p>	<p>POB to contact HG medical directors &amp; feed back</p> <p>WH to add to formulary</p>	<p>POB</p> <p>WH</p>	<p>05/16</p> <p>05/16</p>	

		guidelines had been updated (approved by D&TC 12/2015) as requested, so the committee were happy to reinstate droperidol on the formulary for post-operative nausea & vomiting.	vomiting				
	<b>Date and Time of Next Meeting</b>	Thursday 12 <sup>th</sup> May 2016, 8.15am – 9.30am. The Large Meeting Room (ED Project Office), Simpson Building, HRI					