

## Drug and Therapeutics Committee – Minutes –Approved

**Date / Time** Thursday 12<sup>th</sup> January 2017  
**Venue** The Board Room, Alderson House, HRI  
**Chair** Prof M Lind, Vice Chair, Professor of Oncology  
**Notes / Action Points** Mrs Susan Greene, Senior Pharmacy Technician (SG)

**Quorate: Yes / No** Yes

**Attendance** Mr S P Gaines, Professional Secretary, Senior Principal Pharmacist – Clinical Services (SPG)  
Mr P O'Brien, Deputy Chief Pharmacist  
Mr R Kapur, Vascular Surgeon  
Dr H Klonin, Consultant Paediatrician  
Mr K McCorry, Medicines Management, East Riding  
Dr O Ogunbambi, Consultant Rheumatologist  
Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics

**Apologies** Prof A Morice, Chair, Professor of Respiratory Medicine  
Dr Roper, Chair, Hull CCG  
Dr F Umerah, Consultant Anaesthetist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2017.01.01	<b>Apologies</b>	As above.					
2017.01.02	<b>Declarations of Interest</b>	None.					
2017.01.03	<b>Minutes of the previous meeting</b>	The minutes were accepted as a true record.					01/17
2017.01.04	<b>Action Tracker</b>	<p><b>NICE Guidance – July 16</b></p> <p>TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa            POB has confirmed that NHSE have now identified HEY as a centre for this condition and we will be commissioned to use Adalimumab in HS. POB had contacted Greg Haire and this was confirmed</p>	Amend formulary to add "Dermatology".	<p>Action Complete</p> <p>SG to amend formulary</p>	SG	02/17	01/17

2017.01.04	<b>Action Tracker</b>	<p><b>Stalevo &amp; generic switching</b>  SPG had asked Jane Morgan to get feedback from Dr Ming, Consultant Neurologist, HEY. Dr Ming had reported multiple patients with loss of symptom control. Some were severe, with 1 patient being admitted to hospital for re-titration of dose. This was with both Stanek and Sastravi products.  Also, a yellow card ADR form had been sent to Dr Ming, as the company has had no reports of any incidents when switching patients.  This issue had been added to HERPC agenda for further discussion.</p> <p><b>New product requests</b>  SG had added all new products to formulary.  <b>Cantharone and Cantharone Plus - Dr Gowda</b>  OO had written to applicant. Awaiting confirmation of lower age limit.</p> <p><b>NICE Guidance November 16</b>  TA 417-Nivolumab for previously treated advance renal cell carcinoma – ML to request application</p> <p><b>MHRA Drug Safety Update – October 2016</b>  Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis  KMcC had obtained local prescribing data for ER CGG, which showed for 6 months the cost of etoricoxib prescribed in the community was £76,000, which was 290% of national average. GPs would review prescriptions for patients under their care. This would be discussed further at MMIG.</p> <p>OO to discuss with Rheumatology colleagues</p> <p><b>Minutes from SMPC July 2016</b>  POB had fed back to DC regarding HK's concerns over a prescribing safe haven on wards.</p> <p><b>Correspondence Received</b>  Heparin IV Prescription (Paediatrics)</p>	Action complete.				01/17
			Actions complete.				01/17
			Outstanding.	ML to request application	ML	01/17	
			Action complete.				01/17
			Outstanding.	OO to discuss with colleagues	OO	01/17	
			Action complete.				01/17

		<p>SG had given feedback to the Paediatric Pharmacist</p> <p><b>Any Other Business</b>  <b>Lyrice (Pregabalin)</b>  POB had sent an e-mail to the Pharmacy department re Lyrice and use of generic product for all patients.  SG had added to the MMIG agenda.</p> <p><b>Bisphosphonates as supportive therapy for Breast Cancer</b>  POB had previous correspondence from Dr Dhadda, Consultant Clinical Oncologist, regarding patients receiving bisphosphonates as supportive therapy.  This was discussed with commissioners at MMIG, as to how commissioned and supplied locally, i.e. IV in hospital and oral via the GP.  POB was asked to take this issue back to D&amp;TC and had requested that 2 papers were circulated from Sheffield/South Yorkshire that suggested using zoledronic acid IV and ibandronate oral.  ML highlighted that at the San Antonio Breast Cancer Symposium (6-10 Dec, 2016); a paper was presented that showed no clinical benefit with adjuvant oral ibandronate in postmenopausal breast cancer: <a href="http://www.onclive.com/conference-coverage/sabcs-2016/no-clinical-benefit-with-adjuvant-ibandronate-in-postmenopausal-breast-cancer">http://www.onclive.com/conference-coverage/sabcs-2016/no-clinical-benefit-with-adjuvant-ibandronate-in-postmenopausal-breast-cancer</a>. Ibandronate for 3 years demonstrated an improved disease free survival rate of 94.3% compared with 90.8% in the control group, but the difference was not deemed clinically significant. It was noted that the groups may have been too small or the length of follow up may have been too short. ML would discuss this with Dr Dhadda and feed back to D&amp;TC.  Also the question was raised as to what Leeds do. POB will check.</p>	<p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>ML will discuss with Dr Dhadda And bring back to next D&amp;T.</p> <p>POB to liaise with Leeds and feed back at next D&amp;T.</p>				<p>01/17</p> <p>01/17</p> <p>01/17</p> <p>01/17</p> <p>2/17</p> <p>2/17</p>
2017.01.05	<b>New Product Requests</b>	<p><b>Ferracru (Ferric Maltol) - Dr S Sebastian</b>  Discussions were raised around the trials that been done, which were all against placebo. In particular it was noted that there had been no trials against iron given by intravenous infusion. There was also confusion around the length of treatment, and how this was to be managed in the community. It was unclear whether this would be a hospital only product or whether GP's would be expected to prescribe, monitor and continue/stop treatment.</p>	<p>Clarification needed from the applicant regarding follow up and stopping treatment.</p>	<p>Prof Lind to write to applicant</p>	<p>ML</p>	<p>02/17</p>	

2017.01.06	<b>NICE Guidance</b>	<b>December 2016</b>				
		NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV (Joint NICE and Public Health England guideline)	Relates to testing, not treatment.	Noted		01/17
		NG61 - End of life care for infants, children and young people with life-limiting conditions: planning and management	All drugs/groups on formulary.	Noted		01/17
		TA420 - Ticagrelor for preventing atherothrombotic events after myocardial infarction	Length of treatment increased.	SG to agenda for HERPC for guideline review	02/17	
		TA421 - Everolimus with exemestane for treating advanced breast cancer after endocrine therapy	On CDF list.	ML to seek application	02/17	
		TA422 – Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer	On CDF list.	ML to seek application	02/17	
		TA423 - Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens	On CDF list.	ML to seek application	02/17	
		TA424 - Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer	On CDF list.	ML to seek application	02/17	
		TA425 - Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia	All on formulary already.	Noted		01/17
		TA426 - Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia	All on formulary already.	Noted		01/17
CG174 - Intravenous fluid therapy in adults in hospital (review)	Now updated.	Noted		01/17		
CG135 - Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation (review)	Now updated.	Noted		01/17		
CG65 - Hypothermia: prevention and management in adults having surgery	Now updated.	Noted		01/17		

2017.01.07	<b>MHRA Drug Safety Update</b>	<b>December 2016</b> Cobicistat, ritonavir and coadministration with a steroid: risk of systemic corticosteroid adverse effects  Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia—clarification	Both noted.	No further action			01/17
2017.01.08	<b>Minutes from SMPC - October 2016</b>	DC highlighted some key issues: <ul style="list-style-type: none"> <li>• Paracetamol overdose risk &amp; coroners verdict – a pack had been produced for health groups</li> <li>• Tolvaptan – updating guidance</li> <li>• Discharge issues/errors – presentation at SMPC and discussing with Charge Nurses</li> <li>• Boots outpatient partner - presentation</li> </ul>	Noted.	No further action			01/17
2017.01.09	<b>Minutes from HERPC - November 2016</b>	The contents of the minutes were noted.	Noted.	No further action			01/17
2017.01.10	<b>Correspondence Received</b>	<b>Guidelines - Management of High Output Stomas and Enterocutaneous Fistulae in Adults</b> This guideline had been updated and was approved. However, Sophie Khan (Pharmacist) has highlighted that there is now a very new product called Glucodrate, and proposed that it be used instead of double strength Dioralyte solution (off label use) or St. Mark's solution (unlicensed powder to mix with water). Each sachet would make sodium 120mmol & potassium 0.88mmol in 1000ml The committee decided that this product was approved, as .a commercially available ACBS product that would be better for patients and saved money over use of St. Mark's solution.	Guideline Approved. To be discussed at HERPC. St Mark's solution to stay on formulary for present, until patients are transferred over.	To go on HERPC agenda & SK to update guideline including Glucodrate.	SG	01/17	
2017.01.11	<b>Chairs approvals</b>	None					01/17
2016.12.12	<b>Issues To Escalate To Operational Quality Committee</b>	None					01/17
2016.12.13	<b>Any Other Business</b>	None					01/17

2016.12.15	<b>Date and Time of Next Meeting</b>	<b>Date – 9/2/17</b> <b>Time - 8.15am-9.30am</b> <b>Venue – Board Room HRI</b>					
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