

Drug and Therapeutics Committee – Minutes –Confirmed

Date / Time	Thursday 14 th September 2017
Venue	The E.D Seminar Room, HRI
Chair	Prof A Morice, Chair, Professor of Respiratory Medicine
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 D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics
Mr K McCorry, Medicines Management, East Riding
Dr A Samson, Infectious Diseases Consultant
Dr H Klonin, Consultant Paediatrician
Dr O Ogunbambi, Consultant Rheumatologist

Apologies

Mrs Sue Phillips, Lay Representative
Dr F Umerah, Consultant Anaesthetist
Prof M Lind, Vice Chair, Professor of Oncology
Mr P O'Brien, Deputy Chief Pharmacist

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2017.09.01	Apologies	As Above.					9/17
2017.09.02	Declarations of Interest	None.					9/17
2017.09.03	Minutes of the previous meeting	The minutes were accepted as a true record.					9/17
2017.09.04	Action Tracker	<p>Bisphosphonates as supportive therapy for Breast Cancer ML to write local protocol – then send to SG for discussion at HERPC. ML said there is a meeting due to take place on 14/09/17 and this will be discussed - ongoing.</p> <p>Obeticholic Acid (Ocaliva) Capsules - Dr Lynsey Corless NHSE are now commissioning, probably will be RED on formulary and supplied via homecare. SG had added to MMIG and HERPC agendas.</p> <p>Dr Umerah - dexmedetomidine in theatre, as a way of sparing the amount of opioid used. Dexmedetomidine not currently approved for use in theatre. Update- AM not received any evidence yet.</p> <p>Ivermectin 10mg/g cream (Soolantra) ML to write to all applicants ML not present at meeting to confirm. SG had added to formulary and put on agenda for MMIG and HERPC.</p> <p>Ceftazidime-Avibactam Infusion (Zavicefta) SG had added to formulary. DC clarified funding - Feedback from NHSE was that this would be “within tariff”, so the cost would be borne by the trust.</p> <p>Niraparib (Zejula) 100mg Capsules POB was not present at the meeting to clarify FOC scheme. SG had added to the formulary.</p>	<p>Ongoing.</p> <p>Action complete.</p> <p>FU to send AM any evidence for use in this way.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Action complete. Action complete.</p> <p>POB to clarify arrangements for FOC scheme. Action complete.</p>	<p>Await feedback from meeting</p> <p>Ongoing</p> <p>Ongoing</p>	<p>ML</p> <p>FU</p> <p>ML</p> <p>POB</p>	<p>5/17</p> <p>8/17</p> <p>8/17</p> <p>8/17</p>	<p>9/17</p> <p>9/17</p> <p>9/17</p> <p>9/17</p>

	<p>Pegvisomant (Somavert) Injection POB to clarify commissioning arrangements & liaise with Endocrinology Pharmacists Update – ongoing. SG has updated the formulary</p>	POB was not present to clarify. Action complete.	Ongoing	POB	8/17	9/17
	<p>HEY Guidelines on the Prescribing of Glycopeptide Antibiotics (Teicoplanin & Vancomycin) in Adults ML was not present at meeting to feed back.</p>	ML to write to Dr Barlow regarding both guidelines.	Ongoing	ML	8/17	
	<p>Ustekinumab for moderately to severely active Crohn's disease after previous treatment NICE TA 456 ML to write to Dr Sebastian. Request received – on agenda, see below.</p>	Action complete.				9/17
	<p>Carfilzomib for previously treated multiple myeloma NICE TA 457 ML to write to Dr James Bailey. ML was not present at meeting to feedback.</p>	ML to write to Dr James Bailey.	Ongoing	ML	8/17	
	<p>Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane NICE TA 458 On CDF list- ML was not present at meeting to feedback.</p>	ML to do new product request.	Ongoing	ML	8/17	
	<p>Collagenase clostridium histolyticum for treating Dupuytren's contracture - ML to write to Mr J. Haeney ML was not present at meeting to feed back.</p>	ML to write to Mr J. Haeney.	Ongoing	ML	8/17	
	<p>Adalimumab and dexamethasone for treating non-infectious uveitis ML to write to Ms Louise Downey in Ophthalmology</p>	ML to write to Ms Louise Downey.	Ongoing	ML	8/17	
	<p>Roflumilast for treating chronic obstructive pulmonary disease SG had updated formulary with new TA number and put on agenda for HERPC.</p>	Action complete.				9/17
	<p>Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma ML to write to Dr J. Bailey. ML was not present at meeting to feed back.</p>	ML to write to Dr J. Bailey.	Ongoing	ML	8/17	
	<p>MHRA Drug Safety update July 2017 Daclizumab (Zinbryta ▼)</p>	ML to write to Dr James Harley.	Ongoing	ML	8/17	

		<p>Bendamustine (Levact)</p> <p>Nivolumab (Opdivo ▼), pembrolizumab (Keytruda ▼)</p> <p>Tedizolid – SG had added to the September D&T agenda and circulated the report.</p> <p>Regional Medicines Optimisation Committee SG has now added this as a standing item agenda, and DC will send to SG for circulation.</p> <p>Items which should not routinely be prescribed in primary care: A consultation on guidance for CCGs KMcC and SG had obtained information and SG had circulated the documents to the group for discussion.</p> <p>Clexane/LMHW - UK shortage Pharmacy clinical leads were made aware of the shortage .</p>	<p>ML to write to Dr James Bailey.</p> <p>ML will discuss with colleagues.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Actions complete.</p> <p>Action complete.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>ML</p> <p>ML</p>	<p>8/17</p> <p>8/17</p>	<p>9/17</p> <p>9/17</p> <p>9/17</p> <p>9/17</p>
2017.09.05	New Product Requests	<ul style="list-style-type: none"> • Labinic Liquid - Dr H. Yates This probiotic liquid had evidence from a Cochrane review, to suggest that it was safe and effective at preventing necrotising enterocolitis in preterm infants. • Opicapone (Ongentys) Capsules – Dr A. Ming This agent was felt to be safe and had efficacy that was non-inferior to entacapone. It had the advantage that it does not cause diarrhoea, unlike entacapone. It was felt suitable for those who did not tolerate entacapone for this reason. Concerns were raised by the committee on the predicted usage figures given on the request form by Dr Ming. He had indicated that between 70-100 patients would be treated with this drug in a year. KM obtained figures for entacapone use in the community and the figure was 38 issues per month, in the last year across Hull & ER CCGs. It was felt that clarification should be sought from Dr Ming, due to these figures and how patients would be selected to switch to opicapone. • Afatinib – Prof M. Lind This agent was approved in line with NICE TA310 guidance. 	<p>Approved.</p> <p>Deferred.</p> <p>Approved in line with TA310.</p>	<p>SG to add to formulary AM to write to all applicants</p> <p>AM to write to Dr Ming to clarify</p> <p>SG to update formulary</p>	<p>SG</p> <p>AM</p> <p>AM</p> <p>SG</p>	<p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p>	

		<ul style="list-style-type: none"> • Ustekinumab (Stellara) Injection – Dr S. Sebastian This agent was approved in line with NICE TA456 guidance. 	Approved in line with TA456.	SG to update formulary	SG	10/17	
2017.09.06	Tedizolid Report – D. Corral	<p>DC presented his “Report on the approval process by the Drug & Therapeutics Committee for tedizolid tablets and powder for injection”, following the original new product request in May 2016.</p> <p>The conclusion was: The governance around the application and subsequent discussions could have been improved.</p> <p>And the recommendations were:</p> <ol style="list-style-type: none"> 1. The Committee re-looks at formulary status and decides what this is to be going forward. 2. The Committee considers if, on occasions, the requestor of a new drug should attend the committee in person. 3. The application form is updated so a clear indication of where funding comes from is on the document. 4. The professional secretary of the committee is copied in on all correspondence relating to product approval. 5. Usage review is considered for all approved products at a set period after inclusion on formulary. 6. Pharmacy currently meets informally after each D&T meeting to take actions from the committee forward. Notes should be made at this meeting. <p>These recommendations were accepted by the committee.</p> <p>Tedizolid would remain on the formulary as an ALERT antibiotic, to be used only where linezolid was appropriate but could not be used because of contraindications or intolerance. The Infectious Diseases Department had also now put in place a system where tedizolid would be discussed at either an MDT or with a second ID Consultant, to ensure use was carefully controlled.</p> <p>KMcC stated that tedizolid has not been agreed to be recharged to the CCGs.</p>	Report discussed and recommendations approved.	SPG to update new product request to indicate funding source	SPG	10/17	
2017.09.07	NICE Guidance	<p>August 2017</p> <p>Developmental follow-up of children and young people born preterm</p>	Noted, not about	No further action			9/17

	https://www.nice.org.uk/guidance/ng72 Cabozantinib for previously treated advanced renal cell carcinoma https://www.nice.org.uk/guidance/ta463	drugs. On formulary.	No further action			9/17
	Bisphosphonates for treating osteoporosis https://www.nice.org.uk/guidance/ta464	All 3 drugs on formulary.	No further action			9/17
	Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma https://www.nice.org.uk/guidance/ta465	Non-formulary.	ML to ask for an application	ML	10/17	
	Baricitinib for moderate to severe rheumatoid arthritis https://www.nice.org.uk/guidance/ta466	Non-formulary.	OO to arrange an application	OO	10/17	
	Holoclar for treating limbal stem cell deficiency after eye burns https://www.nice.org.uk/guidance/ta467	Non-formulary.	AM to write to Ophthalmology	AM	10/17	
	Methylnaltrexone bromide for treating opioid-induced constipation (terminated appraisal) https://www.nice.org.uk/guidance/ta468	Already on formulary for use in Palliative Care.	SG to obtain figures of usage/cost for the last year.	SG	10/17	
	Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia (terminated appraisal) https://www.nice.org.uk/guidance/ta469	Both non-formulary.	No further action			9/17
	Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia (terminated appraisal) https://www.nice.org.uk/guidance/ta470	Non-formulary.	No further action			9/17
	Eluxadoline for treating irritable bowel syndrome with diarrhoea https://www.nice.org.uk/guidance/ta471	Non-formulary.	AM to write to Dr Abouda	AM		9/17
	Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab https://www.nice.org.uk/guidance/ta472	Already on formulary for TA343.	SG to also add for TA472 to formulary	SG	10/17	
	Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck https://www.nice.org.uk/guidance/ta473	On formulary.	No further action			9/17

		<p>Updates: Antenatal and postnatal mental health: clinical management and service guidance https://www.nice.org.uk/guidance/cg192</p> <p>Vitamin D: supplement use in specific population groups https://www.nice.org.uk/guidance/ph56</p> <p>Fever in under 5s: assessment and initial management https://www.nice.org.uk/guidance/cg160</p> <p>Pemetrexed for the maintenance treatment of non-small-cell lung cancer https://www.nice.org.uk/guidance/ta190</p> <p>Advanced breast cancer: diagnosis and treatment https://www.nice.org.uk/guidance/cg81</p> <p>Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women https://www.nice.org.uk/guidance/ta160</p> <p>Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women https://www.nice.org.uk/guidance/ta161</p> <p>Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition https://www.nice.org.uk/guidance/cg32</p>	Noted.	No further action			9/17
			Noted.	No further action			9/17
			Noted.	No further action			9/17
			Noted.	No further action			9/17
			Noted.	No further action			9/17
			Noted. Etidronate no longer marketed in UK.	SG to remove etidronate from formulary	SG	10/17	
			Noted. Action as above.				9/17
			Noted.	No further action			9/17
2017.09.08	MHRA Drug Safety update	<p>August 2017</p> <ul style="list-style-type: none"> Ibrutinib (Imbruvica ▼): reports of ventricular tachyarrhythmia; risk of hepatitis B reactivation and of opportunistic infections Corticosteroids: risk of central serous chorioretinopathy with local as well as systemic administration. <p>Concerns were raised regarding the difficulty of applying this in practice.</p>	Noted.	AM to write to Dr James Bailey	AM	10/17	
			AM to write a letter to MHRA expressing his concerns	AM to write to MHRA	AM	10/17	

		<ul style="list-style-type: none"> Adrenaline auto-injectors: updated advice after European review Patients should now carry 2 adrenaline auto-injectors. 	Noted.	AM to write a letter to Dr Pavel Gordins, Immunology	AM	10/17	
2017.09.09	Minutes from the Safe Medication Practice Committee	June and July 2017 Confirmed There was work ongoing regarding the April 2017 contract changes and use of treatment request forms from hospital to GPs. DC would update the committee at the next meeting.	Minutes noted. DC to update committee.	DC to update committee at next meeting	DC	10/17	
2017.09.10	Minutes from the Hull and East Riding Prescribing Committee	None		.			9/17
2017.09.11	Correspondence received	NHSE papers: 1 Equality and Health Inequalities – Full Analysis - Items which should not be routinely prescribed in primary care 2 Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs 3 Consultation on items which should not be routinely prescribed in primary care – Frequently asked questions These three papers were circulated to the Committee, for information and discussion. They are available at: https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/ There is currently a consultation in progress, considering if the 18 products listed should not be prescribed in primary care. Nationally the CCG's will be responding. Individuals were free to respond to the consultation, including clinicians, patients and the public. The question was raised as to whether and how HEY will respond as an organisation. KMcC and SG has produced data with the 18 items/categories and the 04/2016-03/2017 spend for England, Hull CCG, ER CCG and HEY. It was agreed that Prof Morice would write to all HEY consultants to make them aware of the NHSE consultation, the drugs involved, and invite them to engage with the consultation if they felt it was appropriate.	AM to write to all HEY consultants regarding the NHSE consultation.	AM to write to all HEY consultants	AM	10/17	

2017.09.12	Chairs Approvals	None.					9/17
2017.09.13	Issues to escalate to Operational Quality Committee	None.					9/17
2017.09.14	Any Other Business	None.					9/17
2017.09.15	Date and Time of Next Meeting	Date – Thursday 12th October 2017 Time – 8.15am-9.30am Venue – Board Room, Alderson House, HRI					