

Drug and Therapeutics Committee – Minutes –Confirmed

Date / Time Thursday 12th October 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 D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics
 Dr A Samson, Infectious Diseases Consultant
 Dr O Ogunbambi, Consultant Rheumatologist
 Dr F Umerah, Consultant Anaesthetist
 Mr P O'Brien, Deputy Chief Pharmacist
 Miss E Lyle, Medicines Management, East Riding

Apologies

Mrs Sue Phillips, Lay Representative
 Dr H Klonin, Consultant Paediatrician
 Prof A Morice, Chair, Professor of Respiratory Medicine
 Mr K McCorry, Medicines Management, East Riding

| Agenda No | Item | Discussion | Decision Made | Action | Lead | Due Date | Progress /Date Closed |
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| 2017.10.01 | Apologies | As Above. | | | | | 10/17 |
| 2017.10.02 | Declarations of Interest | None. | | | | | 10/17 |
| 2017.10.03 | Minutes of the previous meeting | The minutes were accepted as a true record, except: KMcC had emailed to say that the "Tedizolid minutes entry needs to include the specific point...that this has not been agreed to recharge to CCGs". Agreed to add "KMcC stated that tedizolid has not been agreed to be recharged to the CCGs." | It was agreed to add this amendment. | Amend minutes | SPG | 11/17 | |
| 2017.10.04 | Action Tracker | <p>Bisphosphonates as supportive therapy for Breast Cancer ML said a meeting had taken place in September. The evidence and protocol proposal would be included in a paper for HERPC. ML still needs to write the protocol for discussion at HERPC.</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 has not received any evidence yet.</p> <p>Ivermectin 10mg/g cream (Soolantra) ML to write to all applicants.</p> <p>Niraparib (Zejula) 100mg Capsules POB had clarified arrangements – there is a FOC scheme for this.</p> <p>Pegvisomant (Somavert) Injection POB to clarify commissioning and liaise with Pharmacists.</p> <p>HEY Guidelines on the Prescribing of Glycopeptide Antibiotics (Teicoplanin & Vancomycin) in Adults ML had written to Dr Barlow.</p> <p>Carfilzomib for previously treated multiple myeloma NICE TA 457 ML had written to Dr James Bailey.</p> <p>Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane NICE TA 458 ML was preparing a product request form.</p> | <p>Ongoing.</p> <p>FU to send AM any evidence for use in this way.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Action complete.</p> | <p>ML to write paper for HERPC</p> <p>Ongoing</p> <p>POB to clarify</p> | <p>ML</p> <p>FU</p> <p>POB</p> | <p>11/17</p> <p>8/17</p> <p>11/17</p> | <p></p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> |

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| | <p>Collagenase clostridium histolyticum for treating Dupuytren's contracture ML had written to Mr J. Haeney.</p> <p>Adalimumab and dexamethasone for treating non-infectious uveitis ML had written to Ms Louise Downey in Ophthalmology.</p> <p>Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma ML had written to Dr J. Bailey.</p> <p>MHRA Drug Safety update July 2017 Daclizumab (Zinbryta ▼) ML had written to Dr James Harley.</p> <p>Bendamustine (Levact) ML had written to Dr James Bailey.</p> <p>Nivolumab (Opdivo ▼), pembrolizumab (Keytruda ▼) ML had discussed with colleagues.</p> <p>Labivic Liquid SG had added to the formulary and AM had written to all applicants</p> <p>Opicapone (Ongentys) Capsules AM had written to Dr Ming to seek clarification on patient numbers and selection.</p> <p>Afatinib SG had updated formulary.</p> <p>Ustekinumab (Stellara) Injection SG had updated the formulary.</p> <p>Tedizolid Report SPG had updated the new product request form to indicate a funding source. SPG to send to DC & circulate for next meeting.</p> <p>Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma https://www.nice.org.uk/guidance/ta465</p> | <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Actions complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Discuss form at next meeting.</p> | | | | | <p>10/17</p> <p>11/17</p> |
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| | <p>ML had asked for an application.</p> <p>Baricitinib for moderate to severe rheumatoid arthritis https://www.nice.org.uk/guidance/ta466 OO was organising an application.</p> <p>Holoclar for treating limbal stem cell deficiency after eye burns https://www.nice.org.uk/guidance/ta467 AM had written to Ophthalmology.</p> <p>Methylnaltrexone bromide for treating opioid-induced constipation (terminated appraisal) https://www.nice.org.uk/guidance/ta468 SG to obtain figures of usage/cost for last year and circulate.</p> <p>Eluxadoline for treating irritable bowel syndrome with diarrhoea https://www.nice.org.uk/guidance/ta471 AM had written to Dr Abouda.</p> <p>Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab https://www.nice.org.uk/guidance/ta472 SG had added "for TA472" to the formulary.</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 SG had removed etidronate from formulary.</p> <p>Ibrutinib (Imbruvica ▼): reports of ventricular tachyarrhythmia; risk of hepatitis B reactivation and of opportunistic infections AM had written to Dr James Bailey</p> <p>Corticosteroids: risk of central serous chorioretinopathy with local as well as systemic administration. AM had written a letter to MHRA expressing his concerns.</p> <p>Adrenaline auto-injectors: updated advice after European review</p> | <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Ongoing.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> <p>Action complete.</p> | <p></p> <p></p> <p>SG to circulate figures</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> | <p></p> <p></p> <p>SG</p> <p></p> <p></p> <p></p> <p></p> <p></p> | <p></p> <p></p> <p>10/17</p> <p></p> <p></p> <p></p> <p></p> <p></p> | <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> |
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| | | <p>AM had written to Dr Pavel Gordins, Immunology.</p> <p>Minutes from the Safe Medication Practice Committee DC updated the committee on this matter. There were some patient safety issues raised around treatment request forms from hospital. HEY CMO had previously agreed to stop use, with the information to be included in the typed GP letter. However, this presented practical issues if letters did not get typed immediately. Ophthalmology had switched to using more FP10's but prescribing costs had escalated dramatically, so have gone back to using the forms. It is expected that an electronic solution will be found in due course.</p> <p>NHSE Papers:</p> <ul style="list-style-type: none"> • Equality and Health Inequalities – Full Analysis - Items which should not be routinely prescribed in primary care • Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs • Consultation on items which should not be routinely prescribed in primary care – Frequently asked questions <p>AM had dictated the letter, but was not at meeting to confirm his secretary had sent it to all HEY consultants.</p> | <p>Action complete.</p> <p>Action complete.</p> <p>SPG to check with the secretary this had been sent.</p> | | | | <p>10/17</p> <p>10/17</p> <p>11/7</p> |
| 2017.10.05 | New Product Requests | <p>Argatroban Injection – Dr H Collinson Use was approved for patients who had HIT and where fondaparinux or danaparoid was unsuitable. Dr Allsup's comments were noted – that it was suitable for renal and cardiac bypass/CICU patients. Discussion took place around pricing .i.e. was this the same price as danaparoid injection, depending on the dosing regimen to be used.</p> <p>Safinamide Tablets- Dr A Ming The evidence for this agent showed that it increased “on time” without troublesome dyskinesia and a similar reduction in “off time”, compared with placebo. However there were no head-to-head studies comparing efficacy and safety with other active treatments, including other MAO-B inhibitors. Concerns were raised by the committee about the predicted usage figures given on the request form by Dr Ming. He had indicated that 50 patients would be treated with this drug in a year. It was felt that clarification should be sought from Dr Ming, on patient numbers and how patients would be selected to switch to safinamide. The</p> | <p>Approved. POB to check pricing.</p> <p>Deferred.</p> | <p>POB to check pricing and let ML know for his letter to Dr Collinson</p> <p>ML to write to Dr Ming</p> | <p>POB</p> <p>ML</p> <p>ML</p> | <p>11/17</p> <p>11/17</p> <p>11/17</p> | |

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| | | <p>committee felt that a treatment flow chart would be helpful to understand the place of safinamide (and also opicapone from last month) in the treatment of Parkinson's disease patients. Dr Ming could be invited to attend and present this, if he was available.</p> <p>Reslizumab Injection – Dr S Faruqi Approved in line with NICE TA 479.</p> | Approved. POB to check NHSE commissioning position. | ML to write to applicant POB to check commissioning | ML POB | 11/17 11/17 | |
| 2017.10.06 | NICE Guidance | <p>September 2017 Endometriosis: diagnosis and management https://www.nice.org.uk/guidance/ng73</p> <p>Intermediate care including reablement https://www.nice.org.uk/guidance/ng74</p> <p>Faltering growth: recognition and management of faltering growth in children https://www.nice.org.uk/guidance/ng75</p> <p>Sorafenib for treating advanced hepatocellular carcinoma https://www.nice.org.uk/guidance/ta474</p> <p>Dimethyl fumarate for treating moderate to severe plaque psoriasis https://www.nice.org.uk/guidance/ta475</p> <p>Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer https://www.nice.org.uk/guidance/ta476</p> <p>Updates: Cetuximab and panitumumab for previously untreated metastatic colorectal cancer https://www.nice.org.uk/guidance/ta439</p> | <p>All drugs/groups on formulary.</p> <p>Noted, not about drugs.</p> <p>Noted, not about drugs.</p> <p>On CDF list. Application needed.</p> <p>On formulary for TA320 for Neurology only.</p> <p>Paclitaxel on formulary. Application needed.</p> <p>Cetuximab on formulary, panitumumab not on formulary.</p> | <p>No further action</p> <p>No further action</p> <p>No further action</p> <p>ML to write to Prof Maraveyas for an application</p> <p>ML to write to Dr R Zaman in Dermatology for an application</p> <p>ML to write to Prof Maraveyas for an application</p> <p>ML to ask for an application</p> | <p>ML</p> <p>ML</p> <p>ML</p> <p>ML</p> <p>ML</p> <p>ML</p> | <p>11/17</p> <p>11/17</p> <p>11/17</p> <p>11/17</p> <p>11/17</p> <p>11/17</p> | <p>10/17</p> <p>10/17</p> <p>10/17</p> |

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| | | <p>Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy https://www.nice.org.uk/guidance/ta428</p> <p>Sepsis: recognition, diagnosis and early management https://www.nice.org.uk/guidance/ng51</p> <p>Pembrolizumab for advanced melanoma not previously treated with ipilimumab https://www.nice.org.uk/guidance/ta366</p> <p>Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab https://www.nice.org.uk/guidance/ta357</p> <p>Fertility problems: assessment and treatment https://www.nice.org.uk/guidance/cg156</p> <p>Psoriasis: assessment and management https://www.nice.org.uk/guidance/cg153</p> <p>Type 2 diabetes: prevention in people at high risk https://www.nice.org.uk/guidance/ph38</p> <p>Immunisations: reducing differences in uptake in under 19s https://www.nice.org.uk/guidance/ph21</p> <p>Urinary tract infection in under 16s: diagnosis and management https://www.nice.org.uk/guidance/cg54</p> <p>Depression in children and young people: identification and management https://www.nice.org.uk/guidance/cg28</p> | <p>Application needed.</p> <p>Minor updates noted.</p> <p>Application needed.</p> <p>Application needed.</p> <p>Noted.</p> <p>Noted.</p> <p>Noted.</p> <p>Noted.</p> <p>Noted.</p> <p>Noted.</p> | <p>ML to do an application</p> <p>No further action</p> <p>ML to do an application</p> <p>ML to do an application</p> <p>No further action</p> | <p>ML</p> <p></p> <p>ML</p> <p>ML</p> <p></p> <p></p> <p></p> <p></p> <p></p> | <p>11/17</p> <p></p> <p>11/17</p> <p>11/17</p> <p></p> <p></p> <p></p> <p></p> <p></p> | <p></p> <p>10/17</p> <p></p> <p></p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> <p>10/17</p> |
| 2017.10.07 | MHRA Drug Safety update | <p>September 2017 Miconazole (Daktarin): over-the-counter oral gel contraindicated in patients taking warfarin. SPG will raise this at Thrombosis Committee for awareness. SG to check usage figures and ML to write to departments that use the product, if any are regular users. It was thought this was likely to be Maxillofacial Surgery and/or ENT.</p> | <p>SPG to raise at TC. SG to check usage figures and let ML know for</p> | <p>SPG to raise SG to get usage figures. ML to write to prescribers.</p> | <p>SPG SG ML</p> | <p>11/17 11/17 11/17</p> | |

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| | | <p>Loperamide (Imodium): reports of serious cardiac adverse reactions with high doses of loperamide associated with abuse or misuse</p> <p>Discussion took place and it was agreed the patients most likely to be on high therapeutic doses would be stoma patients, and this was already dealt with a year ago when an FDA warning was issued. ML to write to Dr J Smithson for the attention of Gastroenterology and the Nutrition team and to Mr C Shaw for the attention of the upper/lower gastrointestinal surgeons.</p> | his letter. | | | | |
| | | | ML to write to relevant departments. | ML to write to Dr Smithson & Mr Shaw | ML | 11/17 | |
| 2017.10.08 | Minutes from the Safe Medication Practice Committee | None | | | | | |
| 2017.10.09 | Minutes from the Hull and East Riding Prescribing Committee | 26th July 2017 | Noted. | No further action | | | 10/17 |
| 2017.10.10 | Correspondence received | None. | . | | | | 10/17 |
| 2017.10.11 | Chairs Approvals | None. | | | | | 10/17 |
| 2017.10.12 | Issues to escalate to Operational Quality Committee | None. | | | | | 10/17 |
| 2017.10.14 | Any Other Business | <p>DC felt there needs to be more understanding about the role of the Regional Optimisation Committee. It was agreed that minutes will be circulated to the Committee when they are available. The first wave has been published and is available here :</p> <p>https://www.sps.nhs.uk/articles/discussion-sheets-from-first-wave-of-regional-medicines-optimisation-committee-meetings/</p> | It was agreed that SG would include a link in the typed minutes | DC/SG to circulate future minutes as a standing agenda item. | DC/SG | 11/17 | |
| 2017.10.15 | Date and Time of | Date – November 9th 2017 | | | | | |

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| | Next Meeting | Time – 8.15am-9.30am Venue – Board Room, Alderson House, HRI | | | | | |
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