Betsi Cadwaladr University Health Board Drug and Therapeutics Group

Minutes of meeting held on Wednesday 6th December 2023 via Microsoft Teams

Present:	[redacted]
Agenda item	
23.242	**Welcome and Introduction**
23.243	**Apologies:** [redacted]
23.244	**Declaration of Interests** Declaration of interest expressed by [redacted] for item 23.246, SBAR for Toujeo – Toujeo is manufactured by Sanofi.
23.245	**Minutes of the last meeting** The minutes of November's meeting were accepted as an accurate reflection of the meeting.
23.246	**Matters Arising** **Dapagliflozin** In November's DTG dapagliflozin (as per NICE TA 902) for treating patients with symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults. This was approved with BRAG status AMBER ADVISE (this was revised from the original application where it was proposed GREEN). Dapagliflozin is already on formulary (as per NICE TA 679) for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care. Treatment to be started on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional. The BRAG status for this was AMBER INITIATE. Propose to align both to same BRAG status – AMBER INITIATE. **Discussion**:

- Agree that having both indications as AMBER Initiate would make things clearer for primary care clinicians, and also does not stop prescribers who feel competent in prescribing dapagliflozin in doing so within primary care.

Decision: **Approved**
BRAG status: Amber Initiate

IV iron – Paediatrics

In November's DTG, Ferric Derisomaltose Pharmacosmos (previously known as monofer) was approved as first line IV iron preparation in all patients except renal patients. This referred to adult population only. Renal patients will continue to use Ferinject or Venofer depending on dialysis status.
For clarity, monofer is not licensed in paediatric patients and therefore Ferinject will remain as the 1st line IV iron preparation for use in under 18 years old. Patient numbers are very low.

Melatonin update – Presented by [redacted]
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Following the request at November DTG to delay moving over to licensed melatonin, a meeting with [redacted] and the lead Paediatric Pharmacist was held to discuss the melatonin brand that we would be opting to use in place of our current immediate release unlicensed preparation.
From 1st January, the community paediatric team are planning on switching patients to Ceyesto brand of melatonin 3mg tablets which is licensed for use in children 6 years old or older and that would be the preferred preparation for all patients needing immediate release in tablet form. If the patient has a PEG or NG tube in place, the preferred preparation will be the Ceyesto 1mg/mL oral solution.
Communication has been shared with the wider paediatric group on this planned proposal to start from the 1st January.

Discussion

- The cost implications were discussed. We currently use unlicensed melatonin and it is dispensed in-house due to it being unlicensed. There is now a formulation available, and when this was discussed in May, one formulation was available. By now, there are several formulations available, and therefore the price has come down so the impact that we were planned to incur based on the May DTG discussion is now far less due to the licensed preparations available.

Decision: DTG noted the above discussions and approved the use of licensed Ceyesto brand of Melatonin.
BRAG status: Red

High Strength insulin SBAR – [redacted]

In 2016, high strength insulin were released, and it was noted in DTG, that the high strength insulin should only be kept within Pharmacy to avoid any incidents/errors. However, there is an increased use of the high strength insulin, and more incidents of omissions occurring within our health board as it is not available outside of pharmacy opening hours.

This SBAR has been presented to request that the high strength insulin could be kept in the emergency cupboards in pharmacy to make them available for patients outside the normal Pharmacy opening times.

	Discussion: • The supply of high-strength insulin is segregated within the emergency cupboard using red boxes to allude to the high-strength nature of this particular insulin. • Support with including in the emergency cupboard, that the clinical site manager have access to (in YG), as it's a good system, and would strongly support that it is not stocked on the inpatient wards. • It was noted that the high strength insulin is already kept in the emergency cupboard at Central and West, however wanted to bring to DTG for noting following the DTG decision in 2016 to only keep the high-strength insulin within the pharmacy department. • It was advised to include label on the red high strength insulin boxes to advise staff never to draw insulin from a pre-filled pen. • This is a pan-BCU request, although the SBAR presented included data for the West only, there have been discussions and agreement from the diabetes teams, and patient safety leads from all sites that they also want to keep high-strength insulin in their emergency cupboards. **Decision**: Agree to keep the high-strength insulin in red boxes in the Pharmacy Emergency Cupboard for use out of hours.
23.247	**MHRA Drug Safety Update** The MHRA Drug Safety Update for November was not noted. November's update included: Ozempic (semaglutide) and Saxenda (liraglutide): vigilance required due to potentially harmful falsified products. Falsified products have been found in the UK, including falsified pens containing insulin which may lead to patient harm. Healthcare professionals are advised to remain vigilant for symptoms linked to hypoglycaemia in patients who may have obtained a falsified product and provide appropriate treatment for any patient who may have inadvertently administered insulin via these products. If you encounter a suspected falsified product, quarantine it and report to the yellow card scheme. Advise patients who are concerned that the pens they have purchased might be falsified that they should not use the pens and report as above. Ozempic and Saxenda from legitimate supply chains are unaffected. Paxlovid (Nirmatrelvir/ritonavir): be alert to the risk of drug interactions with ritonavir. There is a risk of potentially serious drug interactions with the ritonavir component of Paxlovid leading to increased toxicity from, or reduced effectiveness of concomitant medications. Ritonavir is a potent CYP3A4 inhibitor that acts to boost the plasma levels of the nirmatrelvir component of Paxlovid by preventing its degradation; as many commonly used drugs are metabolised by CYP3A4, the risk of harmful drug interactions with Paxlovid is significant. Drug interactions may also reduce the effectiveness of Paxlovid, in the treatment of COVID-19. Healthcare professionals are advised to obtain a thorough history of patients' current medications, including over the counter (OTC) medications, herbal remedies and illicit or recreational drug use. Refer to Paxlovid summary of products characteristics before prescribing to check for contraindications and potential interactions. Remind patients to read the patient information leaflet and be vigilant for any adverse reactions. E-cigarette use or vaping: reminder to remain vigilant for suspected adverse reactions and safety concerns and report them to the Yellow Card Scheme. Ensure healthcare professionals

	document use of e-cigarette products, commonly referred to as 'vapes' and 'vaping' in the medical records for all patients when taking a medical history. Advise patients to be vigilant about suspected adverse reactions that occur after the use of e-cigarettes and e-liquids. Advise patients to purchase and use legally compliant e-cigarette products. **ACTION: circulate details of the Drug Safety Update to the relevant clinical teams and include link on the DTG Newsletter.**
23.248	**New medicine requests**
23.248.01	**Flamigel RT for radiotherapy induced dermatitis** **Presented by [redacted] (Clinical Oncologist) and [redacted] (Advanced Clinical Practitioner Head and Neck Radiographer) – Central IHC** **Background:** Flamigel RT emollient cream is used to protect against radiotherapy induced dermatitis for patients receiving radiotherapy aged over 18 years. The cream would be used for head and neck cancer patients receiving radiotherapy. This is proposed as a 1st line option for these patients. There is no comparator for this treatment. Cetraben is being used in some patients, however, Flamigel cream will alleviate some of the toxicity that we generate in patients skin when we deliver high dose radiotherapy treatment. The evidence from other centres have shown that the gel does lessen the intensity and possibly also delay the intensity of reactions to the skin which can in worst cases result in delaying treatment, interruptions or even hospital admissions. Treatment includes application three times a day until RTOG skin reaction 2a develops. The patients will be reviewed weekly by the advanced clinical practitioner in head and neck cancer, with documentation of skin reaction. Flamigel cannot be used in patients with known allergy to parabens, ulcerations or known infections. Skin reactions in head and neck patients can lead to acute admissions, and sometimes the need to stop radiotherapy. The evidence to support Flamigel RT would strengthen the skin to cope with curative treatment (radiotherapy) and improve patient outcomes, and reduce hospital admissions. If agreed, we would start it from day 1 of radiotherapy for head and neck cancer patients only. These patients are usually younger, and trying to get back to work and we need to keep them well and infection free. This will only be prescribed by Non-Medical Prescribers and only for the above indication whilst on radiotherapy (it will not be used before nor after radiotherapy treatment). Cost per patient – max 3 x 200g required = £74.64 per course, therefore there is a small cost pressure, but it's relatively modest. Anticipated numbers approx. 120 pan BCU. These patients will be treated at YGC only with a proposed BRAG status is RED. **Discussion**: • Applicant was thanked for clear, concise presentation and well-thought out application. It was questioned how other regional centres were using Flamigel. It is being used widely in Liverpool and they are very happy with the outcomes. Also used at the Christies, the Royal Marsden and the UCL. • Once patient has completed their 5 week radiotherapy course, this treatment would also be completed, therefore no ask for primary care to continue prescribing and no cost pressure on other clinical areas. • There is a PGD for cetraben for radiotherapy induced reactions, but to confirm, the use of Flamigel RT would be specifically for head and neck patients only. Cetraben would be used for lower dose radiotherapy patients where the skin is going to receive a less

	aggressive dose and certainly chemo acts as a sensitizer and not all our patients are on chemotherapy. **Decision: Approved pending financial agreement from Senior Leadership Team** **BRAG status: RED**
23.248.02	**Naltrexone for cholestatic pruritis (3rd line option)** **Presented by: [redacted], Gatroenterology Pharmacist, Wrexham** Naltrexone, is an opioid antagonist, and is licensed as adjunct to prevent relapse in formerly opioid-dependent patients or formerly alcohol-dependent patients. The proposed indication here is as a 3rd line option for cholestatic pruritis, which is off-label use. Naltrexone is proposed to be used following trial of 1st line bile acid sequestrants such as colestyramine (if drug interactions can be managed) and 2nd line – rifampicin. Cholestatic pruritis can be a debilitating condition, severe disease and in some patients could lead to liver transplant. The British Society of Gastroenterology/UKPBC primary biliary cholangitis treatment and management guidelines support the use of naltrexone as a third line option as they reduce the reuptake inhibitors and drugs targeting the autotaxin/lysophosphatidic acid pathway recently implicated in cholestatic pruritis. Naltrexone should be started at a low dose to avoid opiate withdrawal-like reactions in the first few days of treatment. Long-term tolerability can be an issue, with many patients having ongoing opiate withdrawal-like reactions or reduced threshold to pain. Naltrexone must be avoided in patients also taking opioids. Some patients may not be able to tolerate treatment with naltrexone due to side effects. There is no current third line option within BCU. Expected around 10 patients per year pan-BCU, if there is no improvement in the itching after a month treatment, they would stop treatment with naltrexone. **Discussion**: • Not much long-term evidence, costing based on year treatment, if the treatment works for patients, they will continue long-term. In some cases, they may trial without during therapy. Long-term tolerability can be an issue in some patients, mainly occurring during initiation of naltrexone. • Naltrexone considered simple drug, and not as expensive, and due to the nature of the condition, sounds reasonable to give trial for patients. • Colestyramine availability has been an issue recently, it is not anticipated that this issue will have an impact on the proposed number of patients being treated. • There is currently an IPFR out with DTG exec, but no other applications received. • There is support for this application from consultants in the West who do recognise that some of these patients can be challenging to treat with limited therapeutic options. They agree for it to be used as 3rd line option. • With expected numbers, the anticipated cost is around £8,000 per annum, offsetting 1st and 2nd line options. • Proposed BRAG status Red. **Decision: Approved pending finance approval from Senior Leadership Team** **BRAG status: Red**
23.248.03	**Dostarlimab for rectal cancer (One Wales)**

	Presented by [redacted] on behalf of the Cancer MM Group. Cancer application that has come through one wales route, and therefore is mandated within the health board. First line treatment for locally advanced stage II/III deficient mismatch repair (dMMR)/high microsatellite instability (MSI-H) rectal cancer. Off-label use based on phase 2 evidence, therefore low number of patients, however 23 out of 23 patients had remission after 6 months of treatment. With this data, one wales have put it through, with a review of evidence in 12 months. Patient numbers are predicted to be around 5 patients per year. This offsets capecitabine with radiotherapy (5 months radiotherapy every 5 weeks). Dostarlimab is an intravenous immunotherapy, and it is currently used within the health board for endometrial cancer, and therefore have experience with it. The cost implications is just over £100,000 per year (offsetting the comparator treatment). This was discussed at the Cancer Medicines Management group this morning, and was approved by the Cancer Division Managers, however this will need to go through the same financial approval as all other medicines (via the Senior Leadership Team sub-group). **Decision: Approved pending financial agreement from Senior Leadership Team** **BRAG status: Red**
23.249	**NICE and AWMSG Impact Assessments** This group has not met.
23.250	**New Treatment Fund** The New Treatment Fund spreadsheet was noted. **Update on Approval pathway (finance):** There has been a lot of discussions recent in terms of financial governance arrangements of decisions from this group. There is a proposed pathway that applications and output from this group will go to a sub group of the Senior Leadership Team to ratify that they are happy to absorb the cost pressures/impact from within their budget. This will hopefully be in place within the next month. The sub-group of the senior leadership team will meet monthly following DTG group. The terms of reference for this group will need to be updated in line with this update.
23.251	**NICE Technology Appraisals, ratified AWMSG Decisions** **<u>NICE Technology Appraisals:</u>** Mirikizumab for treating moderately to severely active ulcerative colitis in adults when conventional or biological treatment cannot be tolerated, or the condition has not responded well enough or lost response to treatment, only if: a tumour necrosis factor (TNF)-alpha inhibitor has not worked (that is the condition has not responded well enough or has lost

	response to treatment) or a TNG-alpha cannot be tolerated or is not suitable and the company provides it according to the commercial arrangement. (NICE TA 925, October 2023). Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if: triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and they have a body mass index of 35kg/m2 or more, and specific psychological or other medical problems associated with obesity, or they have a BMI less than 35kg/m2 and insulin therapy would have significant occupational implications or weight loss would benefit other significant obesity-related complications. Use lower BMI thresholds (usually reduced by 2.5kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds. (NICE TA 924, October 2023). Daratumumab with lenalidomide and dexamethasone is recommended, within its marketing authorisation, as an option for untreated multiple myeloma in adults, when an autologous stem cell transplant is unsuitable. It is only recommended if the company provides it according to the commercial arrangement. (NICE TA 917, October 2023). Empagliflozin is recommended, within its marketing authorisation, as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults. If people with the condition and their clinicians consider empagliflozin to be 1 of a range of suitable treatments (including dapagliflozin) after discussing the advantages and disadvantages of all the options, use the lease expensive. Take account of administration costs, dosage, price per dose and commercial arrangements. (NICE TA 929, November 2023). **NICE Technology Appraisals – Not recommended** Baracitinib is not recommended, within its marketing authorisation, for treating severe alopecia areata in adults (NICE TA 926, October 2023). Cabozantinib is not recommended, within its marketing authorisation, for treating locally advanced or metastatic differentiated thyroid cancer (DTC) that is unsuitable for or refractory to radioactive iodine, and that has progressed after systemic treatment, in adults. (NICE TA 928, November 2023). **NICE Technology Appraisals – Terminated** NICE **AWMSG recommendations** Nil **One Wales Interim Commissioning Decisions** Nil **NICE Evidence Summaries** Nil

	Health Technology Wales Guidance Nil
23.252	**Reports back (from new medicine applications)** Nothing to report back.
23.253	**Formulary updates** **<u>Request to use unlicensed Etoposide during national shortage</u>** An SBAR was shared with the DTG executives outside this meeting for an urgent approval for request for unlicensed oral etoposide due to national shortage. All 3 pharmacy department had either ran out of stock, or was going to within the next 7 days. Etoposide is used as chemotherapy treatment in various cancer but the majority of use is to treat ca lung. The recommendation was to move forward with ordering the European unlicensed oral etoposide 50mg capsules to bridge the 6 week period where UK stocks are unavailable. Clinical teams to inform patients of the stock's unlicensed status in the UK, and provide written information. All discussions will be documented on the electronic prescribing system – Chemocare. **Decision: DTG executive members approved use of unlicensed etoposide** **BRAG: RED** **<u>Request to use unlicensed xylocaine 1% with adrenaline 1:100,000</u>** The DTG executive members were asked for an urgent out of meeting decision on the use of unlicensed xylocaine 1% with adrenaline 1:100,000 during times of shortages of xylocaine 1% with adrenaline 1:200,000. This request was for use in dermatology clinics for USC minor ops whilst xylocaine 1% with adrenaline 1:200,000 is unavailable. The importers cannot get a product containing the 1:200,000 adrenaline component, however 1:100,000 was available, and the dermatologists had agreed to use this during this shortage. This was agreed by the DTG executive members as there is no other option. It was supported with a strong consensus that all risks should be minimised to avoid any potential medication error in selecting the incorrect strength. **Decision: DTG executive members approved use of unlicensed xylocaine 1% with adrenaline 1:100,000** **BRAG Status: RED** **<u>Request to change Mepilex dressings on formulary</u>** A couple of Mepilex dressing products that are currently on formulary have been discontinued and replaced with similar products. The changes include: Mepilex Border replaced with Mepilex Border Comfort Mepilex Border Lite replaced with Mepilex Comfort Lite **Decision: Approved** **BRAG status:** **<u>Request to add Subgam (Human Immunoglobulin) onto the formulary</u>** It has become apparent that Subgam is not on the formulary. This has been included in the IVIG guideline since it was in existence. However it has been noted that it is not on the BCU formulary and not on the pharmacy system, Wellsky. There has been no requests to date for Subgam, however request to add to BCU formulary for use in Hepatitis A and measles as per Clinical Guideline on use of Immunoglobulin **Decision: Approved**

BRAG status: RED

Request to add Gastromiro onto the formulary

Based on historic use. A periodic review PGD for use of Gastromiro by the Radiology Department was presented at MPPP earlier this month, it has been highlighted that it is not listed on BCU formulary. Request to add Gastromiro onto formulary to reflect current practice based on historic use. (PGD 264)

Decision: Approved
BRAG status: RED

Request to add Omnipaque onto the formulary

Based on historic use as per PGD 267. The PGD was presented at MPPP for a periodic review. Not currently listed on formulary. Request to add to reflect current practice and PGD.

Decision: Approved
BRAG status: RED

Request to add Kiovig IVIG onto formulary for Walton patients only

At the recent Neuroscience meeting it became apparent that Kiovig is the IVIG of choice at Walton. Patients, from BCU, who are initiated at Walton will be started on Kiovig. We do repatriate some patients for administration at our IV suite in Llandudno, these patients remain under the care of the Walton Centre neurologists. Kiovig is not an IVIG listed on our "available" list by Welsh Blood Service, however, they have given us assurance, that when patients are repatriated for administration locally, closer to home, we will be able to source Kiovig for these named patients only.

Decision: Approved for Walton patients only (administered within BCU)
BRAG status: RED

Procurement Sitrep – November 2023

The sitrep from procurement team was noted by the group.

23.254 **DTG Decision Newsletter**

The November DTG Newsletter was noted.

23.255 **IPFR Decisions**

IPFRs **SUPPORTED** by DTG executive members and IPFR panel:

Medicine requested	Indication
Testosterone Undecanoate	Hypogonadotrophic hypogonadism
Midazolam tablets	Sedation pre-procedure
Infliximab	Immunotherapy-induced myocarditis
Melatonin	Sleep disorder due to ADHD
Rituximab	Myasthenia gravis
Tofacitinib	Pyoderma gangrenosum
Pembrolizumab	Metastatic squamous cell carcinoma

IPFRs **DECLINED** by DTG executive members and IPFR panel:

Medicine requested	Indication
Bevacizumab	Metastatic caecal cancer

IPFRs **WITHDRAWN:**

Nil

IPFR **feedback forms** received:

Nil

23.256 **National Drug Related Publications**

All Wales COPD Management and Prescribing Guideline:

This document was recently updated. The changes are changes in the SABA options for managing exacerbations. There are no implications to the BCU formulary.

Decision: Noted by DTG members

23.257 **Medicines Value Improvement Group (MVIG)**

This group has not met.

23.258 **DTG Sub Groups**

23.258.01 **Medicines Policies, Procedures and PGDs**

For noting:

Deferred documents:

- MM41 Covert Administration of Medication Clinical Policy.

Approved National PGDs:

- MM PGD Covid 13 – COVID-19 vaccine PGD Autumn 2023 v1 6months to 4 years.
- MM PGD Covid 8 – COVID-19 vaccine PGD Autumn 2023 v1 5 years to 11 years

Penicillin Allergy Status Pilot Project at Ysbyty Glan Clwyd

- This is the project CAPTURE – ChAllengingPenicillin allergy sTatUs – A Review with patient. This is to be piloted on the Acute Medical Unit at YGC with both pharmacy and medical support.

Documents approved by MPPP (pending some minor amendments):

Written Controlled Documents:

BCUHB Clinical Guideline for Immunoglobulin Use. Updated document. Reviewed and approved by BRAG prior to MPPP. Changes include updated as per Walton Centre guideline, added subcutaneous Ig section, updated the paediatric dosing (as per AHH advice) and

	updated appendix 6 as per commissioning criteria policy for the use of therapeutic immunoglobulin in England. MM98 Emergency Management of Hyperkalaemia. Minor amendment/update to comply with patient safety notice (PSN 16). Change of recommended IV calcium preparation (gluconate now the preferred option) in line with PSN 16, removed secondary care from the document title and advice added for monitoring serum potassium in mild hyperkalaemia. **Medicines Management Policy/Procedures/Protocols:** Nil **Prescription Chart** Nil **Standard Operating Procedures:** NNU Gaviscon SOP and prescription stickers. New document. Approved by Neonatal steering group prior to MPPP. NNU Insulin SOP and prescription stickers. New document. Approved by Neonatal Steering Group prior to MPPP. NNU Electrolyte infusion SOP and prescription stickers. New document. Approved by Neonatal Steering group prior to MPPP. The above documents are to go alongside the Neonatal Formulary which will be coming via DTG in the near future. **Patient Group Directions:** MMPGD 264 Radiology Gastromiro. Updated PGD, periodic review. MMPGD 265 Radiology Hyoscine butylbromide GI investigations. Updated PGD, periodic review. MMPGD 267 Radiology Omnipaque. Updated PGD, periodic review. MMPGD XX PGD for Patients at Breast Test Wales, Llandudno and Wrexham. Document was already in use in other health boards across Wales, although not a national document and therefore still required to follow the BCU PGD approval process. **Decision: DTG endorsed the above documents and decisions.** **Discussion:** There was a concern raised regarding discussions around antibiotics prescribed for acne, and a wish to have anyone needing them for more than 3 months to be referred to dermatology. This discussion has not taken place in DTG or MPPP in recent weeks. This is unrealistic at present with staffing etc, with dermatology only seeing cancer patients at present. **Action**: [redacted] will discuss with [redacted] and dermatology colleagues for clarity of the raised concern regarding long-term prescribing of antibiotics for dermatology patients. **Decision**: Noted by DTG members

23.258.02	**Wound Management Steering Group** No papers received. We have been informed that this group has not met for a number of months. A new chair has been identified for this group – [redacted]. Hopefully will have more information at the next DTG and the group will be able to restart the work that they were doing and feeding into this group.
23.258.03	**BRAG** This group has not met
23.258.04	**NICE and AWMSG Impact Assessments Group** This group has not met.
23.258.05	**Approved Prescribable Medical Devices** The group has not met.
23.259	**Minutes from Medicines Management Groups**
23.259.01	**Mental Health and Learning Disabilities** Feedback by [redacted] This group had met, however no minutes available for DTG due to secretarial issues. A few key discussions for sharing: • National ADHD medication shortage, there was an update on how this shortage was being managed by procurement and hospital pharmacy team. • A new alcohol detox policy was discussed that the substance misuse service wants to use in the community. • Valproate – expecting a new MHRA guidance on its use, not just in women of childbearing age, but also in males. We discussed preparing a new process for initiating valproate within mental health services and perhaps considering a change in the BRAG status of valproate on the formulary. There will be another meeting to discuss this in the next week, so further updates will come to DTG in the future. • Policy on monitoring of physical health of patients on antipsychotics within secondary care, this has been sent out for consultation. • National UK audit on Lithium and valproate. The results of these audits were discussed and consider minor amendments to the existing shared care agreement, once these have been agreed, they will be taken to BRAG group for approval. **Decision**: noted by DTG members
23.259.02	**Cancer, Haematology, and Palliative Care** Feedback by [redacted] This group has met, however there are no notes/minutes from the group. This has been raised and minutes will be coming through DTG in the new year. The terms of reference of the group are also being reviewed. The application for dostarlimab was discussed and has already been noted in item 23.225. We also discussed selpercatinib, but this application will need to come to NICE Impact Assessment Group in February, and then brought back to DTG. **Decision**: noted by DTG members
23.259.03	**North Wales Neuroscience Medicines Management Meeting** Feedback by [redacted]

	Group met on 28th November. Nothing significant to raise at DTG that has not already been discussed in other agenda items.
23.259.04	**Respiratory Medicines Management Group** The group has not met
23.259.05	**HMP Berwyn Medicines Management Group** The group minutes were noted. There is no representative currently attending DTG. Chair of HMP Berwyn MM Group had nothing to escalate to DTG this month. The chair confirmed they had control on the ADHD shortages, and are receiving regular updates from the BCU Procurement lead pharmacist. **Discussion** • Pharmacy support on the HMP Berwyn MM Group was raised, and it was confirmed that [redacted] is currently the Lead Prison Pharmacist and is the chair of this group, however he cannot attend DTG. • The group was praised for their good work in particularly with medicines reconciliation and particularly with critical medicines which is vital for safety and also facilitating prison officers carrying naloxone. • It was noted that the group has been asked to provide more TTO medication for men leaving the prison, and whether support was required to respond to this. **Action: [redacted] to feedback to [redacted] regarding above discussions and request Chair's report if a member of the sub-group cannot attend DTG in the future.** **Decision:** noted by DTG members
23.260	**Controlled Drug Local Intelligence Network** No representative present at DTG.
23.261	**Safer Medicines Steering Group** Feedback from [redacted], chair of the group. The group met last week with very good attendance from pharmacy and nursing colleagues. One of the points coming out of the meeting is that as the local groups evolve, trying to align their terms of reference so that they are essentially carrying out the same function in each IHC. The Safer Medicines Steering Group has also noted their need to involve a broader membership which includes medical colleagues in the forum. The group looked at the patient safety notice 16 which is a risk of under-dosing with calcium gluconate in severe hyperkalaemia, and as discussed earlier (22.258.01) an updated guideline was approved by MPPP last month which aligned to the patient safety notice. A never event that occurred within the health board was discussed in which oral oxycodone was administered subcutaneously. A number of actions are being taken in the area's IHC which will then be shared across via the local safety groups, who will report back to the safer medicines steering group to give assurance that action plans have been delivered. **Discussion**:

	• At a recent coroner's inquest, it was concluded that taking herbal tincture/supplement along with the chemotherapy could have contributed to liver failure and cause of death As un update, we've developed a patient information leaflet (PIL) which is making the stance that we absolutely don't recommend taking herbal supplements for anyone having chemotherapy. We've produced a BCUHB PIL which was approved at the Safer Medicines Steering Group and it is going to the Cancer Governance Group in early January. This leaflet is also going to the readability group and for Welsh translation. It will then be circulated to every patient. This is an interim plan, as there is going to be a national stance in the near future, with the Wales Medicines Information team producing. • It was agreed once the PIL had been approved, the link will be included in the DTG newsletter for sharing widely. **Decision**: above noted by DTG
23.262	**Minutes from Antimicrobial Stewardship Group (ASG)** Presented by [redacted], Antimicrobial Pharmacist - West. A paediatric antimicrobial guideline for osteomyelitis and septic arthritis was presented to the group. These are based on the UK Paediatric Antimicrobial Stewardship Guideline, which includes North West hospitals such as Alder Hey and Manchester Children's Hospital. The proposed guideline has been adopted from these, and will be uploaded onto the BCU microguide platform following approval. This guideline was sent to MPPP, however the antimicrobial team were informed to send directly to DTG for approval. The document has been approved by the BCU Antimicrobial Stewardship Group and the BCU Paediatrics Clinical Advisory Group. **Decision: Approved**
23.263	**Any other business** **<u>NICE CG 164: Familiar breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer. Updated Nov 14th 2023. (raised by [redacted])</u>** NICE updated the above clinical guideline recently. The update was to inform that one brand of anastrozole is now licensed for the use as chemo-prevention in women with no personal history of breast cancer. There has been much discussion about the initiation of these treatments in women with no history of breast cancer, but have high risk of developing breast cancer and how these patients would get access to treatment. Following discussion with colleagues in oncology, this is now being raised nationally and will be on the agenda for the All Wales Breast CSG in January to agree a pathway for patients initiating this treatment and similar treatments going forward. Typically this group of patients are seen by the genetics team, who do not routinely prescribe treatment for patients. This was brought to DTG to raise awareness that work is in progress.

	Decision: DTG noted the above and await further information following the national discussions. **<u>COVID treatment for high risk patients in the community (raised by [redacted])</u>** Since November's DTG, we have had a meeting with Welsh Government in relation to COVID treatment for those patients out in the community who test positive for COVID and who may be at higher risk of symptoms/admission to hospital. Welsh Government stipulated that by 20th November, all HBs in Wales would make access to paxlovid antiviral treatment for residents in care homes aged 70 years and older. This has been actioned by BCU and we are working closely with the health protection team and care homes across BCU to provide treatment for these patients. Care Homes have all been informed and a pathway has been shared on how to access and refer patients into our service to access the paxlovid treatment. This was to make the group aware of this progress, Discussion: • Residents are tested if symptomatic. Tests have been delivered by the health protection team to the care homes ahead of the 20th November. **Decision: DTG noted the above** There is no meeting in January. If there is any urgent business that needs to be discussed, we can have a DTG Executives out of meeting approval if required. Please let [redacted] know if any urgent matters arise.
23.264	**Matters of significance** Nil
22.265	**Date of the Next Meeting** Wednesday 7th February 2024