ADTC(M) 14/03
Minutes: 27 - 38

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Area Drugs and Therapeutics Committee held in the Boardroom, JB Russell House on Monday, 9 June 2014 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Prof S Bryson	Dr J McKenzie
Mrs A Campbell	Dr A Petrie
Ms B Campbell	Dr A Seaton
Ms N Downes	Dr A Taylor
Mr R Foot	Mrs A Thompson
Dr G Forrest	Mrs J Watt
Dr R Hardman	

I N A T T E N D A N C E

Leanne Law .. Secretariat

ACTION BY

27. CHAIR'S STATEMENT

Dr Gravil reminded Members that papers and proceedings relating to SMC advice were, in some cases, confidential and should not be disclosed before the relevant embargo dates stated in the agenda.

She also reminded Members that they should make relevant declarations of interest in line with Board policy.

Members were advised not to speak with members of the press on ADTC business but to refer such enquiries to the Board press liaison office.

28. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr J Burns, Mr A Crighton, Ms L Hillan, Dr G MacKay, Dr G J A Macphee, Mrs M Ryan and Dr G Simpson.

It was noted that Ms Bernadette Campbell, Non Medical Prescribing Advisor, and Ms Noreen Downes, Lead Clinical Pharmacist were attending today's meeting on behalf of Mr Gavin Gorman and Dr Graham MacPhee respectively.

ACTION BY

29. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 28 April 2014 were approved as a correct record.

NOTED

30. MATTERS ARISING

Formulary Status of Novel Oral Anticoagulants (NOACs)

Dr Taylor noted concerns have been raised at the LMC regarding the amount of work involved in the transfer of patients from warfarin to NOAC. There was some discussion around this and it was noted that the guidance is being supplemented with additional information to support prescribing, e.g. advice on dosage adjustment using creatinine clearance. Ms Watt noted that the updated guidance will be issued in the next couple of weeks. The concerns were noted but there is no immediate action for the ADTC, as work is ongoing in other parts of the NHSGGC structure to help address the issues.

NOTED

Polypharmacy Committee

No update at this stage on the item raised previously in relation to the Clinical Services Review – it was agreed that this would be added to the agenda for the next meeting of the ADTC. **For August agenda**

31. FORMULARY AND NEW DRUGS SUB-COMMITTEE

Report on SMC Product Assessments

Dr Forrest gave a brief resume of the SMC reviews and the Formulary and New Drugs Sub-Committee's recommendations. The decisions are detailed in an appendix to these minutes.

Major Changes

(a) * fluticasone furoate / vilanterol 92/22, 184/22 micrograms inhalation powder (Relvar Ellipta®) [966/14] [GlaxoSmithKline UK] [Full Submission]

The ADTC acknowledged the risks and safety concerns raised by FND which had led them to recommend not adding this medicine to the GGC Formulary despite support from the MCN: including potential confusion regarding potency, name and colour could inadvertantly infer 'reliever', complication in stepping down. After discussion ADTC agreed that the medicine should be added to Total Formulary for the asthma indication (as it was for COPD) but that the existing prescribing notes should be supplemented specifically with further detail around the implications for step-down.

(b) dolutegravir 50mg film-coated tablets (Tivicay®) [961/14] *[ViiV Healthcare/GlaxoSmithKline]* ***[Full Submission]***

ACTION BY

(c) * canagliflozin, 100mg and 300mg film-coated tablets (Invokana®) [963/14] *[Janssen-Cilag International NV]* ***[Full Submission]***

ADTC agreed with FND that an additional restriction should be added in line with other medicines used in dual therapy in combination with metformin such that the use of canagliflozin for that part of the indication was only where a sulphonylurea was not suitable.

(d) * sofosbuvir 400mg tablet (Sovaldi®) [964/14] *[Gilead Sciences Ltd]* ***[Full Submission]***

It was noted that a lot of work had been undertaken in the last few months with the MCN, ECMS Directorate, ADTC and PMG in preparation for the introduction of new medicines in Hepatitis C infection, the first of which was sofosbuvir. SMC had accepted the medicine for most subgroups. A position had been agreed for 2014/15 where the medicine would be available to patients at greatest need, i.e. those with most severe liver function impairment and a local protocol had been developed to reflect this initial positioning and the SMC restrictions (this protocol would be reviewed by the Medicines Utilisation Subcommittee of ADTC). ADTC were supportive that the medicine be added to Total Formulary in line with local protocol subject to final agreement of the implementation plan by PMG (10 June).

(e) * defibrotide, 80mg/mL, concentrate for solution for infusion (Defitelio®) [967/14] *[Gentium GmbH]* ***[Full Submission]***

Minor Changes

(f) * budesonide 9mg gastro-resistant granules (Budenofalk®) [970/14] *[Dr Falk Pharma UK Limited]* ***[Abbreviated Submission]***

(g) certolizumab pegol 200mg/mL solution for injection in pre-filled syringe (Cimzia®) [960/14] *[UCB Pharma UK]* ***[Full Submission]***

(h) aripiprazole 400mg powder and solvent for prolonged release suspension for injection (Abilify Maintena®) [962/14] *[Otsuka Pharmaceuticals and Lundbeck Ltd]* ***[Full Submission]***

Not Recommended

(i) * natalizumab (Tysabri®) 300 mg concentrate for solution for infusion [979/14] *[*Biogen Idec Ltd*]* ***[Not recommended for use within NHS Scotland]***

(j) * avanafil (Spedra®) 50mg, 100mg and 200mg tablets [980/14] *[*A Menarini Farmaceutica Internazionale SRL*]* ***[Not recommended for use within NHS Scotland]***

(k) cobicistat (Tybost®) 150 mg film coated tablet [933/13] *[Gilead Sciences]* ***[Not recommended for use within NHS Scotland]***

(l) infliximab 100mg powder for concentrate solution for infusion (Remicade®) [374/07] *[Merck, Sharp & Dohme Ltd]* ***[Re-Submission]***

(m) *paclitaxel formulated as albumin bound nanoparticles 5mg/mL powder for suspension for infusion (Abraxane®) [968/14] *[Celgene Ltd]* ***[Full Submission]***

ACTION BY

Other Formulary Decisions

Formulary appeal

(m) propylene glycol (Systane® Balance) eye drops

(n) polyethylene glycol 400 & propylene (Systane® Ultra) eye drops

ADTC supported FND view that consideration of these medicines should be as part of the section review planned for later this summer.

(o) diprobase (Diprobase®) cream

(p) copper intra-uterine device (UT380® Short/Standard)

32. COMMUNICATIONS SUB-COMMITTEE

Mrs Thompson presented the ADTC Communications Subcommittee Report. The report updated on the following developments:-

- The website, app and bulletins will be rebranded and re-launched during August 2014.
- Email alerts are being reviewed to consolidate into a single monthly message with links directly to articles of interest.
- Trial of blog posting for individual articles has commenced.

Mrs Thompson noted that the number of hits on the website is high.

The report also outlined a summary of PostScript topics covered over the past six months.

There was a discussion around an announcement made by the Home Office regarding changes to Controlled Drug classifications which would be implemented from 10 June 2014. In particular the discussion focused on Tramadol becoming a Schedule 3 Controlled Drug. Dr Hardman noted that earlier communication of this issue would have been helpful and that this change will not automatically be updated on EMIS.

A circular has been issued by the Scottish Office and the Royal Pharmaceutical Society providing advice on prescriptions which will be prescribed after the implementation date.

NOTED

33. ANTIMICROBIAL SUB-COMMITTEE

Dr Seaton presented the AUC six-monthly update report.

Dr Seaton noted that local guidelines for nitrofurantoin have been updated in response to revised MHRA advice which will be available by the end of August 2014.

Primary Care Guidance

The Primary Care Guidance has been reviewed and will be updated.

ACTION BY

GP App

Dr Seaton reported that the GP App has received 29,000 downloads, and also noted that the app will be updated.

Dr Seaton highlighted that the AUC are keen to develop a secondary care app, this has been agreed and the works will be taken forward.

New neutropenic sepsis guidelines define 3 levels (low, high, critical) will be included in the Therapeutic Handbook and new posters available from August 2014.
A new vancomycin chart is to be distributed, aligned to the gentamicin prescribing and administration chart, and these were well received during the pilot phase.

Dr Seaton discussed a range of utilisation charts/graphs and point prevalence data included within the six-monthly update report.

NOTED

Minutes of Antimicrobial Utilisation Sub Committee

The minutes of the above group were noted.

NOTED

34. POLYPHARMACY SUB-COMMITTEE

Ms Downes presented the Polypharmacy Subcommittee Report. The report provided an update on NHSGGC activity to address the National Polypharmacy Guidance (CEL 36 2012) and NHSGGC Mindful Prescribing Strategy.

During the presentation of the report Ms Downes noted that qualitative evaluation of GP and patient views of Polypharmacy review activity was underway and agreed to bring this item back to a future meeting of the ADTC.

The ADTC were asked to note the progress to date on implementation of the workplan to support the Mindful Prescribing Strategy.

Dr Taylor noted that issues had been raised regarding the coding used within the Polypharmacy review. Addition of secondary care drugs to the Primary Care record is not comprehensively undertaken across GP Practices and there were arguments for and against including. This was one of the reasons why the medicines reconciliation process required the use of two sources of information regarding prescribed medicines.

Professor Bryson noted that this subject was on the agenda for discussion at the Board Clinical Governance Committee which took place on Tuesday 14th April 2014.

NOTED

35. OTHER ADTC SUB-COMMITTEES

Safe Use of Medicines Sub-Committee

Nothing specific to report.

ACTION BY

Therapeutics Sub Committee

Ms B Campbell noted that the Prescribing Support Team have submitted an updated Gluten Free Food Formulary via the Therapeutics Committee for ratification in light of advice from the Scottish Government about removal of details based on manufacturer's information within their formularies.. A further update would be provided in due course. — Ms B. Campbell

Prescribing Interface Sub-Committee

Nothing specific to report.

Medicines Utilisation Sub-Committee

Nothing specific to report.

36. PRESCRIBING MANAGEMENT GROUP

Professor Bryson circulated the action points from the Prescribing Management Group which took place on 23 April 2014. Professor Bryson provided the following update:-

GGC Medicines Expenditure Forecast 2014/15 – the cost of the single system uplift for NHS GGC has risen slightly higher than the £25.3m as detailed. Professor Bryson agreed to update on details at a future meeting of the ADTC. — Professor Bryson

PMG Finance Report – details contained within this section covered an 11 month period up to February 2014 and noted a small underspend for Acute and Primary Care.

NOACS – the projected Primary Care prescribing budget pressure has been built into the 2014/15 financial plan for GGC and will accumulate year on year for the next several years.

Denosumab in Osteoporosis – this has been delivered within the managed service, but a move to a primary care model is proposed.

NOTED

37. A.O.C.B

PACE Prioritisation

As part of the Scottish Medicines Consortium new ways of working, the SMC has introduced a new step to the review process involving a PACE (Patient and Clinical Engagement) panel. This new part of the process may be introduced for some medicines that meet criteria for end of life or orphan medicine status. The panel is convened for medicines that meet these criteria but that do not meet standard tests of costs effectiveness when assessed by the New Drugs Committee. Output from the PACE group is to be used to inform the final decision of SMC.

As the SMC new ways of working have been in development for some months, there is now a backlog of submissions that potentially meet the criteria for a PACE review. SMC has therefore requested that Boards support them by prioritising new medicines submitted by companies to SMC. The proposed process for prioritisation in GGC is: Cancer medicines will be prioritised by the WoS cancer network and information submitted by WoSCAN directly to SMC. For non-cancer medicines, the ADTC chair and vice-chairs will seek views from relevant specialists supported by PPSU senior

ACTION BY

pharmacists and submit this to SMC.

In the near future this clinical prioritisation process may be replaced by prioritisation according to submission date.

DECIDED:

ADTC members agreed to support the interim prioritisation, as described.

38. DATE OF NEXT MEETING

Monday 11 August 2014, 2:00 pm, JB Russell House, Gartnavel Royal Hospital.