ADTC(M) 12/02
Minutes: 15 – 29

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Conference Room
Management Building
Southern General Hospital
on Monday, 16 April 2012 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Professor S Bryson	Dr H Hopkinson
Dr J Burns	Dr J Larkin
Mrs J Camp	Dr G J A Macphee
Mrs A Campbell	Dr G McKay
Mr A Crighton	Dr C E McKean
Mr R Foot	Dr G K Simpson
Dr G Forrest	Dr A Taylor
Dr R Hardman	Mrs A Thompson

Mrs J Watt

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

Mrs E Watt .. Secretariat

ACTION BY

15. CHAIR'S STATEMENT

The Chair 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 as agenda items arose.

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.

16. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr A Bowman, Ms L Hillan, Dr J MacKenzie, Dr P Moultrie, Mrs M Ryan and Dr A Seaton.

ACTION BY

The Chair welcomed Dr Alex Thom, Chairman, Mental Health Drugs and Therapeutics Committee and Consultant Psychiatrist, Dykebar Hospital, and Mr Alex Crighton, Consultant in Oral Medicine, Glasgow Dental Hospital, to their first meeting of the Committee. She asked members to introduce themselves.

17. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 13 February 2012 [ADTC(M) 12/01] were approved as a correct record.

NOTED

18. MATTERS ARISING

West of Scotland (WoS) Regional Planning Group : Efficiency & Productivity Workstream Prescribing Group – Guidance on the Cost Effective Treatment of Depression where Drugs are Indicated

The above guidance had been discussed at the last meeting. The Committee acknowledged the guideline, subject to clarification on the order of first line agents.

Mrs Campbell advised that the above issue had been raised with the WoS Regional Planning Group and they have now changed the first choice drugs to appear in the box in alphabetical order, moving sertraline from top to bottom. This guidance had now been reissued.

NOTED

19. FORMULARY AND NEW DRUGS SUB-COMMITTEE

(1) SMC Evaluations / NICE/QIS Guidance

Dr Forrest gave a brief resume of the SMC reviews, and the Formulary and New Drugs Sub-Committee's recommendations These had been divided into sections for ease of understanding as outlined in the Appendix to this Minute.

Members were asked to consider and, if appropriate, ratify decisions by the Sub-Committee. Decisions made by the Committee are summarised in an Appendix to these Minutes and would be further publicised in PostScript and in the cumulative Formulary update available on the new prescribing website and StaffNet.

Members were asked to declare any interests specific or non-specific, personal or non-personal, on any of the drugs being discussed on an individual basis.

No interests were declared.

The following was highlighted:-

(a) Rivaroxaban 15 and 20mg film-coated tablets (Xarelto®) [755/12] ***[Indication: Treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults]]***

The SMC decision was "Accepted for use within NHS Scotland".

A decision on this new indication had been deferred to allow consultation with the Thrombosis Group. Information had been received from Dr C Tait.

ACTION BY

The Formulary and New Drugs recommendation was that this medicine should be included in the Total Formulary for the indication in question where the intended duration of treatment was for 3-6 months. Clarification was required as to whether any further restriction was necessary

Where indefinite duration is indicated, then the treatment choice should be LMWH/warfarin.

A detailed discussion ensued and the following comments/issues were highlighted:-

- This would incur a potential change in practice.
- The wording on the FND recommendation was misleading and reference to INR control or warfarin allergy was perhaps unnecessary.
- Clear communication would be required from acute clinicians to GPs on discharge letters to the length of time a patient should be prescribed this medicine and timing of any arrangements for handover.
- This was not recommended for people who require life-long anticoagulation.
- Protocol required. *[This was currently being produced for the Therapeutics Handbook]*.
- Useful to have supplementary information for the patient.

The Committee's decision was that pending clarification (Chair's action), this medicine should be included in the Total Formulary for the indication in question restricted to use in patients where the intended duration of treatment was for 3-6 months.

This does not require to come back to the Committee.

(b) Atorvastatin 10 and 20mg chewable tablets (Liptor®) [766/12] ***[Indication: Treatment of hypercholesterolaemia and primary prevention of cardiovascular events (see SMC advice for full list of indications)]***

The SMC decision was "Accepted for use within NHS Scotland".

It was noted that atorvastatin would have generic status from May 2012. Atorvastatin was already on the Formulary – second line after simvastatin.

Feedback from local advisers indicated that was that there was no enthusiasm for this new formulation for adults and were content with current Formulary choices, therefore, the Formulary and New Drugs recommendation was not to add to the Formulary. This information had been passed to the Paediatric Drugs and Therapeutics Committee.

(c) Midazolam, 5mg/mL, oromucosal solution (Buccolam®) [757/12] ***[Indication: Treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years)]***

The SMC decision was "Accepted for use within NHS Scotland".

A decision on this medicine had been deferred to the Paediatric Drugs and Therapeutics Committee.

This preparation was currently being considered by NHSGGC. Any potential change would require careful implementation with training for all involved in the prescribing, dispensing and administration of the buccal midazolam since Epistatus® (the unlicensed product currently favoured) was twice the strength of Buccolam.

The Sub-Committee's recommendation was that this formulation should not be included in the GGC Formulary pending completion of the consultation exercise

ACTION BY

A detailed discussion ensued and the following comments/issues were highlighted:-

- There was some reluctance to change to this product from the unlicensed product because of the different strength etc but also because the unlicensed product was expected to become licensed in the near future and would be a smoother transition.
- This medicine was used as a medical emergency in oral health and the licensed preparation would be preferable.
- Could be used for new patients and include a prescribing note outlining that existing patients could remain on the alternative unlicensed preparation if appropriate.

The Committee's decision was that this medicine be included in the Total Formulary for the indication in question restricted to specialist initiation. It should be noted that many existing patients will be using an alternative unlicensed preparation (Epistatus®), and, due to the difference in strength and associated risks, any agreed change of treatment to existing patients would require careful management.

DECIDED:

That decisions made by the Formulary and New Drugs Sub-Committee at their meeting on 30 March 2012 be ratified by the Committee with the exception of the changes to (a) and (c) above.

(2) Dabigatran (Pradaxa®) [672/11] and Rivaroxaban (Xarelto®) 756/12 ***[Prevention of stroke and systemic embolism in adult patients with non-valvular AF with one or more risk factors]***

Mrs Campbell advised that the above medicines had been accepted on to the Formulary for patients not well controlled on warfarin at the December 2011 and February 2012 meetings but a plan for the implementation for the other group of potential patients who are not currently on warfarin was being produced by the Heart MCN.

Tabled was a proposed flowchart to describe the pathways. The notes box at the bottom right of the flowchart sought to give guidance to GPs on the differentiation between "unsuitable for warfarin" and "unsuitable for anticoagulation". This highlighted the following:-

"Preference for dabigatran/rivaroxaban over warfarin for practical rather than clinical reasons is non-Formulary. Formulary supports use of dabigatran/rivaroxaban in patients for whom warfarin has been clinically excluded as a therapeutic option but anticoagulation is deemed safe and appropriate".

A detailed discussion ensued in which some minor amendments were suggested to the flowchart where warfarin was not prescribed.

DECIDED:

That the above medicines have had their Formulary restriction revised for the indication in question. Use is restricted to patients currently receiving warfarin who have poor INR control despite evidence that they are complying, patients with allergy or intolerable side effects from coumarin anticoagulants or for patients for whom warfarin has been clinically excluded as a therapeutic option but anticoagulation is deemed safe and appropriate. Preference over warfarin for practical rather than clinical reasons remains non-Formulary. Further information can be found in the National Consensus Statement on the NHS HIS website or local guidance.

ACTION BY

(3) Appeal – Acitretin Capsules (Neotigason®)

Mr Foot advised that an appeal for Acitretin capsules (Neotigason®) had been received.

The Sub-Committee had reviewed the appeal but felt that this was a service delivery issue which could not be resolved by the Sub-Committee. Once agreement regarding the service delivery was met, the Formulary status of this medicine could be reconsidered.

Mr Foot would advise the appellant of this decision. **Mr R Foot**

NOTED

20. SAFER USE OF MEDICINES SUB-COMMITTEE

Six Monthly Update

Dr McKay advised that the Safer Use of Medicines Sub-Committee was an amalgamation of two Committees and to date three meetings had taken place. He gave an overview of the work which the Sub-Committee were undertaking. A paper had been tabled which outlined information on membership and examples of the topics considered: emergency care summary; medicines reconciliation, e-health, medication incidents, gentamicin/vancomycin and quality indicators.

The membership (14 members) included consultant physicians, a consultant anaesthetist, a specialist trainee, pharmacists, lead nurses, a clinical effectiveness co-ordinator and administration support. He hoped to recruit a surgeon. A GP asked if there was any primary care input. Dr McKay indicated that the majority of the work at the moment was in acute care but a GP would be recruited when the Sub-Committee were in a position to look at primary care issues.

The emergency care summary, medicines reconciliation and e-health and safer use of medicines topics were all interlinked. The challenge on recording information was to eventually dispense with the paper copies. A presentation would be held in Dublin in May on medicines reconciliation.

The Chair advised that the challenges around the introduction of TrakCare may be worthy of review by this Sub-Committee.

Dr McKay pointed out that there would be an overlap with some of the other ADTC Sub-Committees and, at present, there was an overlap with the Antimicrobial Sub-Committee re feedback for implementation plans for new recording/prescription forms for gentamicin/ vancomycin.

NOTED

21. THERAPEUTICS SUB-COMMITTEE

Six Monthly Update

Mrs Camp gave a summary of the work which had been carried out by the Sub-Committee. A paper had been presented which outlined information on the activities of the Sub-Committee Formulary process, Wound Dressing Formulary, catheters and supplies, nutritional products, non medical prescribing and PGDs.

A process had been agreed between the Dressings and Sundries Formulary Group and the Therapeutics Sub-Committee to ensure clinical and cost effective products are included in the Formulary.

ACTION BY

It was pointed out that Home Office Legislation had been approved for non-medical prescribers to prescribe controlled drugs. A member asked if training for nurses was being provided. Mrs Camp responded by indicating that there was no specific training on controlled drugs but there was a generic course with portfolio prescribing. NHS Education for Scotland were developing educational training material for non-medical prescribers but it was not sure how detailed this would be.

A discussion ensued and it was acknowledged that non-medical prescribers would not prescribe outwith their areas of competence.

NOTED

22. PRESCRIBING MANAGEMENT GROUP (PMG) – KEY POINTS OF THE MEETING HELD ON 21 FEBRUARY 2012

Professor Bryson gave an update of the key points for the above meeting. This included information on the following:-

- Finance Report
- Age Related Macular Degeneration.
- Dabigatran
- Horizon Scanning for 2012/13.
- Internal Audit of Prescribing Governance in NHSGGC.
- Parenteral Methotrexate in Rheumatoid Arthritis.
- Polypharmacy.

NOTED

23. MEDICINES UTILISATION SUB-COMMITTEE

Individual Patient Treatment Request (IPTR)

The Committee had endorsed a revision to the management of Level 2 IPTRs at its February meeting.

Mr Foot's paper outlined the purpose of the paper, background, criteria for targeted Level 2 medicines, suggested initial targeted medicines and asked the Committee to consider and approve the criteria for targeted medicines and agree/endorse the initial targeted list.

The Sub-Committee had discussed the criteria and what medicines should be targeted. These were as follows:-

- Agomelatine
- Buprenorphine patch
- Prucalopride
- Tapentadol immediate release
- Tramacet®
- Ranolazine.

It was noted that the Medicines Utilisation and Formulary and New Drugs Sub-Committee would keep the list of targeted medicines under review.

A discussion ensued and it was

DECIDED:

That the Committee give its endorsement to the suggested list of targeted medicines.

ACTION BY

24. ANTIMICROBIAL UTILISATION SUB-COMMITTEE

Attached for information was the Minutes of the meeting of the Antimicrobial Utilisation Sub-Committee minutes of 17 February 2012.

NOTED

25. COMMUNICATIONS SUB-COMMITTEE

(a) PostScript

Issue 68 (March 2012) was attached with the agenda papers for information. This edition included articles on topical Lidocaine plaster, buccal midazolam, supply of medicines for hospital out-patients, pharmacist intervention in primary care for patients with heart failure, paracetamol, ADTC decisions summary, good practice in medicines reconciliation, pathway for management of erectile dysfunction and withdrawal of levothyroxine (Teva brand)

Mrs Thompson gave a summary of items to be included in the next edition.

NOTED

(b) General Update

Mrs Thompson advised that the membership of the Sub-Committee had been reviewed. The Steering Group had been expanded to include the editors of the various PostScript bulletins.

A revamp on how PostScript was distributed had taken place six months ago – the aim of which was to target the right groups of staff. There was a difficulty in contacting junior doctors who tend not to use the GGC email address and have limited access to ward PCs.

The potential in relation to use of social networking sites was highlighted but previously there had been communication from the NHSGGC banning the use of these sites.

Dr McKean advised that the Board were developing a policy on the use of social media for corporate purposes. She would contact Mr Ally McLaws, Communications Director, to see when this policy would be published and liaise with Mrs Thompson in this regard. **Dr C E McKean**

NOTED

26. GUIDANCE TO FURTHER STRENGTHEN THE SAFE AND EFFECTIVE USE OF NEW MEDICINES ACROSS THE NHS IN SCOTLAND [SGHD/CMO(2012)1]

Professor Bryson gave a summary of the above paper which outlined the purpose, background, priorities, principles and progress regarding implementation. This is to ensure that Board policies on Formularies and management of IPTRs have been updated to reflect this additional SGHD guidance.

The Committee was asked to consider the overview of SGHD/CMO(2012)1, approve the stated GGC progress report to each of the principles highlighted, agree communication to PMG and reflect on arrangements for report to the Board Chief Executive/Medical Director which met the requirement for the CE response to SGHD by 1 April 2012.

The main priorities were:-

- to standardise the timeframe for NHS Boards to consider SMC accepted medicines and to publish advice accordingly;

ACTION BY

- to support NHS Boards with information on which to consider those medicines accepted by the SMC that represent therapeutic advancement; and
- to assist NHS Boards in their consideration of Individual Patient Treatment Requests (IPTRs).

There were 14 separate recommendations: NHSGGC were largely compliant and four recommendations were work in progress.

A discussion ensued and it was

DECIDED:

That the Committee give its approval to the GGC progress report to each of the principles highlighted in the paper.

27. NATIONAL THERAPEUTIC INDICATORS

Professor Bryson advised that this would be deferred until the June meeting.

NOTED

28. FOI REQUESTS FOR ADTC AND SUB-COMMITTEE MINUTES

Professor Bryson advised that there had been a number of FOIs received recently with an interest in medicines. A recent FOI wished a copy of all minutes of GGC Prescribing Advisory Groups whereby a package was made available from the Committee and all Sub-Committees.

The ADTC minutes are available on the GGC Prescribing website and the question was asked whether the Sub-Committee minutes should also be put on the website.

A discussion ensued and it was decided that no change should be made. Responses to FOIs for minutes would be carried out when requested.

It was suggested that a copy of all Sub-Committee finalised minutes be sent to the Secretary for easy access for any FOI requests. **Sub-Committee Chairs**

A member asked if there was "good practice" from other ADTCs which the Committee could learn from. Dr Burns advised that the SMC Chair/Vice Chair were visiting all ADTCs in NHS Scotland and once the visits were complete a report would be written: Dr Burns would check whether this could be shared with the Committee. **Dr J Burns**

NOTED

29. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 11 June 2012 at 2.00 p.m. in the Conference Room, Management Building, Southern General Hospital, 1345 Govan Road, Glasgow.