ADTC(M) 13/03
Minutes: 34 - 47

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Board Room
J B Russell House
Gartnavel Royal Hospital
on Monday, 10 June 2013 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Dr A Bowman	Dr J MacKenzie
Prof S Bryson	Prof G McKay
Mrs J Camp	Dr A Petrie
Mrs A Campbell	Mrs M Ryan
Dr G Forrest	Dr A Seaton
Dr R Hardman	Dr A Taylor
Ms L Hillan	Mrs A Thompson

Mrs J Watt

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

Ms N Downes .. Lead Clinical Pharmacist Medicines for the Elderly/Care Homes *[Deputising for Dr G J A Macphee]*
Dr R C Tait .. Consultant Haematologist and Chair GGC Thrombosis Committee *[For Minute 38 Only]*
Mrs E Watt .. Secretariat

ACTION BY

34. 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.

35. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr R Foot, Dr G J A Macphee, Dr C E McKean and Dr G Simpson.

The Chair welcomed Dr Alan Petrie, GP, to his first meeting of the Committee. She also welcomed Dr R C Tait, Consultant Haematologist and Chair GGC Thrombosis Committee, who was in attendance to report on the item on new oral anticoagulants for stroke prevention in AF.

ACTION BY

36. MINUTES

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 8 April 2013 [ADTC(M) 13/02] were approved as a correct record.

NOTED

37. NEW ORAL ANTICOAGULANTS (FOR STROKE PREVENTION IN AF)

Mrs Watt advised that an audit had been carried out by the Medicines Utilisation Sub-Committee on the above. The uptake of the new oral anticoagulants was lower than anticipated. The agenda paper aimed to identify potential reasons for this, summarised the current supporting information and suggested further ways in which prescribers can be best supported to manage this change.

Dabigatran, rivaroxaban and more recently apixaban are all included in the GGC Adult Formulary for the prevention of stroke in atrial fibrillation with restrictions.

Supplementary patient specific data for January to December 2012 for NHSGGC indicated small patients number that have been started on the new agents.

Initial assessment from the Glasgow and Clyde Anticoagulant Service (GCAS) indicated that there may be 1,000 – 2,000 patients eligible for one of the new agents. It was expected that over the course of 2012 there would have been a trend towards these patients moving from warfarin to a new oral anticoagulant and the financial arrangements were in place to manage this change. This has not happened. A number of reasons for this were highlighted including (1) that GPs remain cautious about using the new agents (eg due to lack of reversibility); and (2) GCAS have experienced challenges around managing the demand and time constraints may have contributed to inadequate communication with GP practices to identify patients poorly controlled on warfarin.

A detailed discussion ensued and the following comments/suggestions were made:-

- The GPs indicated that a preferred choice between the three new agents would be desirable
- This issue had been raised at a LMC meeting which outlined that the GPs would welcome a letter which stated a specific medicine plus associated prescribing points.
- Dabigatran was not appropriate to place in dosette boxes.
- GCAS has responsibility to monitor warfarin (INR) control: it is not a general "anticoagulant service".
- ADTC Chair could engage with Regional Services Directorate in support of Dr Tait's concerns regarding the capacity of the service would be helpful.
- Links to educational material could be recirculated to GPs.

The Medicines Utilisation Sub-Committee would liaise further with Dr Tait and the Heart MCN to determine next steps and if a preferred medicine would be appropriate. If this was agreed the standard GCAS letter would be modified accordingly as this is the basis of communication to GPs.

The Chair thanked Dr Tait for input and that this had been a very useful discussion.

NOTED

38. 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.

ACTION BY

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

Eight interests were declared - one of which was a personal, specific and the person left the room for the relevant item.

The following was highlighted:-

- Linaclotide (Constella®) [869/13] ***[Symptomatic treatment of moderate to severe irritable bowel syndrome with constipation (IBS-C) in adults]***

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

  The SMC restriction was for use in patients with moderate to severe IBS-C who have not responded adequately to or cannot tolerate all other suitable treatment options.

  The Formulary and New Drugs Sub-Committee's recommendation was that this medicine should be included in the in the GGC Total Formulary for the indication in question restricted to use in adult patients with moderate to severe IBS-C who have not responded adequately to or cannot tolerate all other suitable treatment options.

  There had been mixed views at FND as to whether a restriction by prescriber was required. It was also noted that off-label use of antidepressants was one of the options that should be tried before this medicine and this should be highlighted to prescribers.

  A discussion ensued and it was agreed that there was no requirement for a further restriction but that a protocol should be put in place. Highlighted was the advantage of using the prescribing notes to clarify place in therapy until a protocol was available. This could be included in the primary care ScriptSwitch system.

  The ADTC decision was that this medicine be included in the Total Formulary for the indication in question pending protocol restricted to use in adults with moderate to severe IBS-C who have not responded adequately to or cannot tolerate all other suitable treatment options. A prescribing note within the Formulary entry to outline the other available options.

- Ivacaftor 150mg film-coated tablets (Kalydeco®) [827/12] ***[Treatment of cystic fibrosis (CF) in patients aged 6 years and older who have a G551d mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene]***

  The SMC decision was "Not recommended for use within NHS Scotland".

  It was noted all eligible patients are receiving this medicine through the arrangements of the Scottish Government Rare Conditions Medicine Fund.

- Aflibercept 40mg/mL solution for intravitreal injection (Eylea®) [857/13] ***[In adults for the treatment of neovascular (wet) age-related macular degeneration]***

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

  A decision on this had been deferred until a protocol was in place. The protocol had been discussed and approved at the Medicines Utilisation Sub-Committee meeting on 22 May 2013.

ACTION BY

The FND recommendation was that this medicine should be included in the GGC Adult Formulary for the indication in question restricted to use in accordance with the NHSGGC protocol.

- Ipilimumab 5mg/mL concentrate for solution for infusion (Yervoy®) [779/12] ***[Resubmission] [Treatment of advanced (Unresectable or metastatic) melanoma in adults who have received prior therapy.]***

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

  The Formulary status of this medicine had been deferred pending protocol from the Regional Cancer Advisory Group. A regional protocol was in the process of being developed.

  The financial implications for 2013/14 had been adjusted (increased) as a result of anticipated higher patient numbers.

  That FND recommendation was that this medicine should be included in the GGC Total Formulary for the indication in question restricted to specialist use pending regional protocol.

- Colistimethate sodium and tobramycin dry powders for inhalation for treating pseudomonas lung infection in cystic fibrosis ***[MTA276]***

  The above advice was now available on the website. This guidance had been endorsed by QIS.

  The Formulary and New Drugs Sub-Committee's recommendation was that colistomethate dry powder (Colobreathe®) should be included in the Total Formulary restricted to use where nebulised colistimethate is not tolerated and tobramycin is being considered. Formulary advice for TOBI Podhaler remains unchanged.

- Omalizumab for treating severe persistent allergic asthma *(review of technology appraisal guidance 133 and 201)* ***[MTA278]***

  The above advice was now available on the website. This guidance had been endorsed by QIS.

  The above NICE guidance was noted. This was already on the Formulary and a protocol was in place which may need updated. No changes are required to the GGC Adult Formulary.

DECIDED:

That recommendations made by the Formulary and New Drugs Sub-Committee at their meeting on 31 May 2013 be ratified by the Committee.

(2) Appeals and Housekeeping -

Mrs Watt gave an update on the undernoted items on behalf of Mr Foot who was unable to attend the meeting.

(a) Tiotropium (Spiriva Respimat®)

An appeal for Tiotropium (Spiriva Respimat®) to be removed from the GGC Formulary, due to cardiovascular safety issues, had been received from Ms L Byrne, Lead Clinical Pharmacist : Prescribing, Glasgow CHP (South Sector) and Chair of the Respiratory MCN Prescribing, on behalf of the Respiratory MCN. No interests had been declared.

It was noted that a plan for managing existing patients on Spiriva Respimat was in place.

ACTION BY

At the last meeting the ADTC had ratified the suggestion from the Sub-Committee that this type of appeal could be dealt with as housekeeping when there was no organic change to the Formulary other than reprioritising of similar products from a cost efficiency perspective.

The Sub-Committee's recommendation was that Tiotropium solution for inhalation (as the Spiriva Respimat®) device be removed from the GGC Adult Formulary. The dry powder inhaler device (Spiriva Handihaler®) remains a Formulary medicine.

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

(b) Beclomethasone/Formoterol Inhaler (Fostair®) *[License for maintenance treatment of asthma]*

The licence for the above medicine had changed from "maintenance treatment of asthma" to "maintenance as well as reliever treatment (instead of a short acting beta2 – agonist)". The change to the licence would not be reviewed by SMC.

The Sub-Committee's recommendation was that the license extension should be reflected in the GGC Adult Formulary by updating the prescribing notes. Mr Foot would action this. **Mr R Foot**

(c) Cinacalcet (Mimpara®)

Cinacalcet was on the Formulary for renal use. It was proposed to change from specialist use only to specialist initiation which would reflect current practice, and was unlikely to result in an overall increase in prescribing or additional workload for GPs.

All monitoring and review would be carried out at specialist renal clinics. This would be included in a prescribing note.

The Sub-Committee's recommendation was that a change from specialist use to specialist initiation be made .

(d) Piroxicam Gel (Feldene®)

An appeal for Piroxicam Gel (Feldene®) to be moved from the Total Formulary to the Preferred List replacing Movelat® which will be Total Formulary.

The Sub-Committee's recommendation was that piroxicam gel be moved from the Total Formulary to the Preferred list, replacing Movelat® which will be Total Formulary.

(e) Betnovate C

Betnovate C had been discontinued but a generic product was available (betamethasone and clioquinol) but at considerably increased cost. It was proposed to move Fucibet to the Preferred List. The generic betamethasone/clioquinol combination could be moved to the Total Formulary although it may not be needed on the Formulary at all. Contact had been made with the dermatologists to ascertain if they would be content with the removal of Betnovate C from Formulary altogether.

DECIDED:

That the Committee ratify the Sub-Committee's recommendation above.

Dr MacKenzie noted concern about the high price of replacement medicines and was reassured that this had been raised at the Prescribing Adviser Forum.

NOTED

ACTION BY

39. NEW MEDICINES REVIEW – SWAINSON REPORT : OVERVIEW OF NHSGGC RESPONSE TO RECOMMENDATIONS

Professor Bryson outlined the background to the Swainson Report and gave an overview of the NHSGGC's response to the draft recommendations. The paper highlighted the recommendations, responsibility, initial GGC response, current NHSGGC status, proposed GGC actions and comment. Overall the report was favourable in regard to NHSGGC with some actions being identified subject to the final recommendations.

The following was highlighted;-

- There was a strong case for retaining Health Board ADTCs for local perspectives.
- NHSGGC had benefitted from involvement of public partners in a numbers of areas.
- NHSGGC were compliant in terms of timescales for Formulary decisions.
- Dr Forrest outlined that the report had highlighted the excellent access to the ADTC decisions on the website and congratulated Mr Foot and his team.
- Arrangements for managing IPTRs were discussed and NHSGGC was well positioned in this regard.
- Abbreviations to be stated in full. Professor Bryson to action. **Prof S Bryson**

A discussion ensued on the 90 day public decisions which start on the day the NHS Board receive the SMC advice. The Formulary and New Drugs Sub-Committee proposed that medicines affecting a single directorate could be added to the Formulary pending protocol and prescribing notes could be used effectively to define the place in therapy. However a medicine that impacted on more than one directorate or both primary and acute care may require more detailed implementation plans and should have Formulary status deferred pending protocol which may ultimately breach the 90 day decision. This would be determined on a case-by-case basis.

DECIDED:

That any comments on the above should be directed to the Secretary. **Members**

40. PRESCRIBING MANAGEMENT GROUP (PMG) – ACTION POINTS OF A MEETING HELD ON 16 APRIL 2013

Professor Bryson gave a brief update of the key points from the above meeting.

The following was highlighted:-

- Prescribing in general practice in Scotland : Audit Scotland report (January 2013)
- Prescribing Management Group : Finance Report – April 2012 – February 2013 *[Summary of prescribing expenditure versus budget]*
- Horizon Scanning 2013/14 *[Progress to date and concluding steps]*
- ADTC Report
- NHSGGC Cholesterol guidelines *[Review of proposed changes]*.

NOTED

41. COMMUNICATIONS SUB-COMMITTEE

(a) Six Monthly Report

Mrs Thompson gave an overview of the Communication Sub-Committee's six monthly report. The paper outlined information on working with a group of Marketing MSc students at the University of Strathclyde on a project to improve junior doctors' awareness and uptake of prescribing information; contact with practice development to review methods of disseminating messages about medicines safety to nurses; and the method of publishing bulletins on the GGC Prescribing website being standardised to focus on the use of blog posts rather than attached PDFs to encourage viewing on screen. Attached with the

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paper was a list of the PostScript Bulletins and their topics for the period December 2012 to June 2013.

The Sub-Committee encouraged members of the ADTC and its Sub-Committee to be more proactive in identifying suitable topics and authors for future editions.

Stats from the GGC Prescribing Website were positive with 40% hits being from new visitors to the site.

A discussion ensued on how to improve distribution for PostScript. A number of suggestions were made including the following:-

- GPs get PostScript along with their weekly mailing but it may be preferable for this to be communicated separately.
- Utilise induction process as means of highlighting to junior doctors.
- Prescribing App.
- Place a copy on Ward notice boards.
- Deficiencies in the cascade through Associate Medical Directors noted and to be investigated.
- Raise awareness of individual sign up for PostScript.

Mrs Thompson advised that a hard copy of the most recent edition of PostScript would be included inside the new Therapeutics Handbook which would be distributed in August.

A discussion ensued and it was agreed to look at the uptake of PostScript in six months' time.

The Chair congratulated the Communications Sub-Committee on all the work which had been carried out.

NOTED

(b) PostScript 75

Issue 75 (May 2013) was attached with the agenda papers for information. This edition included articles on new treatment in stem cell transplantation, web watch: medicines awareness service, kid's corner: prescribing liquid medicines, ADTC decision, medical conditions, drugs and driving, rivaroxaban for acute DVT/PE, ticagrelor for ACS and new clinical guidelines; nutritional guidelines.

NOTED

42. POLYPHARMACY SUB-COMMITTEE

(a) Six Monthly Report

Ms Downes gave an update of the work of the Polypharmacy Sub-Committee during the last six months. A paper was presented which included information on the execution of the work plan to translate the NHSGGC Mindful Prescribing Strategy into practice.

During polypharmacy pilot work clinician views around processes, tools and training requirements assisted the development of a Local Enhanced Services (LES) to support delivery of GP led face to face polypharmacy reviews in 2013/14. All relevant stakeholders were involved in the development of the LES which will complement other GP and pharmacist medication review activity.

The Polypharmacy LES supports review of patients on 10 or more medicines. 96% of GP practices in NHSGGC have signed up to the LES. Standardised training has been delivered to approximately 600 GPs and practice staff. This has been supported with local geriatricians delivering the clinical element of the session and GPs previously involved in

ACTION BY

the pilot, facilitating the workshops. The Prescribing Team also assisted in additional in-house training and training delivered at locality protected learning time sessions.

It was noted that reviews within the Nursing Home Medical Practice (NHMP) can be captured for reporting to SGHD even though the practice is not involved in the Polypharmacy LES. Geriatrician support for medication review for patients registered with the NHMP is being tested within current resources.

14 potential candidates had declared an interest in acting as patient/carer representatives on the ADTC Polypharmacy Sub-Committee. Three people have been invited to join the group and two will attend each next meeting.

A discussion ensued on how free text can be linked to the Polypharmacy LES read code in order that details of related medication changes appear on any subsequent GP referral letter. Ms Downes would pursue this issue.

In addition to ongoing support for the LES, next steps include raising awareness across all settings of the medication review activity in primary care so that decisions made in agreement with patient to adjust medicines are not "undone" during acute admission or out-patient clinic attendances. Further activity is planned to raise awareness of the need for a Mindful Prescribing to all prescribing.

The Chair outlined that there was a lot of good work being carried out and gave thanks Ms Downes and the Polypharmacy Sub-Committee.

NOTED

(b) Minutes of the meeting held on 27 March 2013

The minutes of the meeting of the Polypharmacy Sub-Committee held on 27 March 2013 were attached for information.

NOTED

43. SAFER USE OF MEDICINES SUB-COMMITTEE

Professor MacKay indicated that there was no new update from the six monthly report given at the last meeting for the Safer Use of Medicines Sub-Committee.

NOTED

44. PRESCRIBING INTERFACE SUB-COMMITTEE

Dr Hardman advised that there were no new Shared Care Protocols. A work plan had been developed to look at existing Shared Care Protocols.

NOTED

45. NHSGGC/PHARMACEUTICAL INDUSTRY ALLIANCE PARTNERSHIP GROUP *[OVERVIEW OF PURPOSE, AIMS AND WAYS OF WORKING]*

Professor Bryson gave an overview of the above framework which was attached for information. It outlined the proposal, definition, context, background, principles, NHS infrastructure, ABPI infrastructure, finance and conclusion, along with appendices of a flowchart, terms of reference of NHSGGC and APBI Partnership Group and a project register.

The proposal was to establish a comprehensive and formal system and process for NHSGGC to engage in joint working with the pharmaceutical industry which benefits both parties and ultimately the patient. Joint working between NHS and the pharmaceutical industry covers the

ACTION BY

situations where skills, experience and/or resources of the NHS and one or more pharmaceutical companies are pooled for the joint development and implementation of patient centred projects. This proposal will apply to all joint working projects. The paper proposed reformed arrangements for joint working. There have been a number of different approaches to joint working. Three levels of interaction have been identified in NHSGGC – these were highlighted in the paper.

A discussion ensued with Professor Bryson responding to Members' questions.

There is a site on StaffNet for point of reference. This initiative is building slowly and the aim was to raise awareness of this structure and develop over time.

NOTED

46. ANTIMICROBIAL UTILISATION SUB-COMMITTEE (AUC)

(a) Six Monthly Report

Dr Seaton gave an overview of some of the work carried out by the Sub-Committee in the last six months. This included secondary care antibiotic (AB) use : "4C", alert, gentamicin/vancomycin, point prevalence data, Primary Care new prescribing indicator and antibiotic utilisation, HAI: CDI, AMR, AB Prescribing indicators underlying CDI HEAT target for AMAUs and surgical admissions surgical prophylaxis and HIV drug costs.

There was a series of graphs on HAI in GGC on a number of issues and the following was highlighted:-

- "4C" antibiotics in hospitals.
  - Alert 4Cs and Pip Taz
  - Meropenem *[This was increasing. It was noted that Temocillin was now on the GGC Total Formulary –a protocol was being developed. Awaiting National agreement on way forward]*.
  - Other Alert Agents *[Daptomycin increasing significantly but still relatively low]*.
  - Gentamicin and vancomycin *[Prescribing had plateaud but noted that there was a reduction in the number of cases where gentamicin exceeded 72 or 96 hours which was welcomed]*.
- Primary Care *[The new indicator for up to March 2015 is that antibiotic use (expressed in items/1000/day) in at least 50% of practices in each NHS Board will be at or below the 25th percentile of Scottish practices or will have made an acceptable move towards that level. In common with the other National Therapeutic Indicators the baseline period will be January – March 2013]*.

  - GGC and other Health Boards DDDs per 1000 population *[Net increase in antibiotic prescribing noted]*.
  - DDDs and items per 1000 population *[Seasonal variation]*.
  - Quinolones [*This was an encouraging trend. Overall large reduction in use]* .
  - Azithromycin *[Increase in step with Scotland. This would be long term use for respiratory clinics, with guaranteed respiratory follow-up]*.
- HAI CDI *[Plateaud below target level]* .
- Hospital Prescribing Indicators
  - Surgical admissions compliance with guidance *[Below 95%. Slight adjustments with infections management for surgeons]*.
  - Surgical prophylaxis single dose *[Change in renal dosage guidance for Trimethoprim in the Therapeutic Handbook –as per SmPC]*.
  - *A new antibiotic poster would be produced and this would replace previous versions]*.
- Antiretroviral Therapy Costs *[HIV data indicates cost containment agenda being successfully pursued]* .

ACTION BY

Dr Seaton also advised that the development of an app for primary care was in the advance stages of development – this would mirror the primary care guideline.

The Chair thanked Dr Seaton and his team for all the work which was being carried out.

NOTED

47. DATE OF NEXT MEETING

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 12 August 2013 at 2.00 p.m. in Board Room, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12.