ADTC(M) 17/01
Minutes: 01 - 13

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Area Drugs and Therapeutics Committee held in the Admin Building Boardroom, on Monday, 20 February 2017 at 2.00 p.m.

P R E S E N T

Dr S Muir (in the Chair)

Mrs J Watt	Dr A Taylor
Dr G Forrest	Dr K O'Neill
Mrs A Campbell	Mrs L Hillan
Mr R Foot	Dr C Harrow
Mrs Y Semple	Dr J Burns
Dr R Hardman	Mr N Lannigan
Mr G Gorman	Dr P Bolton
Mrs A Muir	

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

Mrs Y Gourlay..... Lead Pharmacist AMT
Miss L Young.....Secretariat Officer

ACTION BY

01. 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.

He 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.

02. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr A Seaton, Mr A Crighton, Mrs A Thompson, Mrs M Ryan, Ms Fiona Thomson, Dr A Bowman, Dr K McAllister and Dr G McKay.

03. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on 12 December 2016 were approved as a correct record.

NOTED

04. MATTERS ARISING

Terms of Reference

The Terms of Reference have been updated incorporating feedback received from the Committee. The Terms of Reference have now been uploaded to the GGC Medicines website.

05. FORMULARY AND NEW DRUGS SUB-COMMITTEE

(1) **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.

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.

One declaration of interest was made.

See Appendix 1 for summarised decisions

(2) Annual Report

Membership of the Sub-Committee has been stable through 2016 and at the start of 2017 three new members joined the Sub-Committee, Dr Robert Boulton Jones, Dr Ronnie Burns and Dr Nazim Ghouri.

The Sub-Committee continues to comply with the Scottish Government guidance regarding timescale for decision making after publication of SMC advice (within 60 days).

There is an ongoing review of the current Formulary. Discussions are taking place around a National Formulary.

The Committee noted the activity and progress reported.

06. FORMULARY STRUCTURE REVIEW

Recurring themes highlighted at the workshop are being considered. A revised structure of the BNF is being considered, moving towards more of a disease based resource. Transitioning to a pathway approach within the current IT capabilities is being considered.

Following discussion the Committee agreed that the resource needs to be accessible and the search function should be quick and easy.

The Committee acknowledged that resource issues may be the biggest challenge to developments. Migration would be carried out chapter by chapter or by sections. To fully migrate could take 6 months-1 year.

The Committee noted that discussions are taking place around a National Formulary. More information is expected at the end of the financial year.

Mr Foot informed the Committee that a small budget is available for use before the end of the financial year for website development. This would provide the functionality to start making minor changes to one or two chapters of the Formulary. It was agreed that this should be utilised.

07. MEDICINES UTILISATION SUB-COMMITTEE

Six Monthly Report

The Committee noted the Medicines Utilisation Sub-Committee 6 monthly report to inform the ADTC of the work of the Sub-Committee.

The key work of the Sub-Committee continues to focus on Guidelines/Protocols, Medicines Utilisation reports, Clinical Effectiveness Projects, GGC Therapeutics Handbook and Medicines Education.

Dr O'Neill reported that 11 guidelines have been reviewed and approved by the sub-committee over the last 6 months. Six guidelines are now on the repository.

Work continues on a number of clinical effectiveness projects by the clinical effectiveness team.

The Therapeutics Handbook and App continue to be updated.

Mr Lannigan highlighted the important role that the Sub-Committee has played by reviewing out of date guidelines. He highlighted that 90% of guidelines are now up to date.

The Committee acknowledged the 6 monthly report submitted and noted the developments.

08. OTHER ADTC SUB-COMMITTEES

(a) Prescribing Interface Sub-Committee

No update

(b) Antimicrobial Sub-Committee

Work was carried out on the National Point Prevalence Study throughout September, October and November. A survey was carried out which involved 4000 patients in GG&C hospitals. The survey highlighted that in 2011 31.9% of patients were on antibiotics in hospitals and in 2016 this figure increased to 36.9%. The reason for the increase will be considered by the AUC. Members noted this may be due to sepsis 6, increasing length of stay in hospital and patients being identified for treatment earlier. It was suggested that education on where the recommendations for antimicrobial durations come from would be useful to provide healthcare professionals with reassurance that the reduced duration is based on good evidence. The Committee agreed that a Medicines Update would be helpful which could emphasise this.

(c) Safer Use of Medicines Sub-Committee

No update

09. ADTC COLLABORATIVE

(a) ADTCC Update

The Committee noted the paper which provides an update of the main work areas of the ADTC Collaborative.

EAMS Operational Guidance for Atezolizumab for urothelial carcinoma has been circulated to ADTC's and Senior Cancer Care Pharmacists. This ensures that access to these medicines across Scotland are bound by the same arrangements.

Following the pilot in January 2016, the standard template for communication of local decisions for new medicines has been reviewed. Going forward NHSGGC will use the new template to communicate decisions via the GGC Medicines website.

Data are being collected across Scotland on IPTR and PACS policies and documentation in order to identify areas of similarity and variance to be identified and inform the development of future Scottish Government guidance.

Revised national Hepatitis C guidelines incorporating new treatment options have been circulated.

Mr Foot informed members that a newsletter has been created. The Secretary will circulate this to members. **Secretary**

10. REVIEW OF ACCESS TO NEW MEDICINES

The Committee noted the summary report by Dr Brian Montgomery relating to the access of new medicines in Scotland, published on 14 December 2016.

Mr Foot highlighted that the Scottish Government are discussing a National Formulary.

A second tier of the Peer Approved Clinical System (PACS) will now be introduced to replace and build upon the existing Individual Patient Treatment Request (IPTR) system. There will be a new national appeal system introduced through this new tier of PACS.

11. PRESCRIBING MANAGEMENT GROUP REPORT

The Prescribing Management Group last met on 7th February 2017.

A draft horizon scanning plan was approved by the group. A paper will be produced to submit to the Board to highlight the risk of a financial gap.

The Committee noted the update provided.

12. ANY OTHER BUSINESS

Ms Muir suggested that a short life working group carries out a scoping exercise on

missed doses and medicines reconciliation to ensure we are being effective. She proposed that the Safer Use of Medicines Sub-Committee would take this piece of work forward and report to the Acute Clinical Governance Forum. Ms Gourlay highlighted that data from the Point Prevalence Study is available to access. The Committee supported this proposal.

13. DATE OF NEXT MEETING

Monday, 24 April 2017 – Boardroom, JB Russell House, Gartnavel Royal Hospital

APPENDIX 1

NHS Greater Glasgow and Clyde: New Medicines Decisions

Date of ADTC Decision **20/02/2017**

Botulinum toxin A

692/11

Botox® injection

Indication:

Prophylaxis of headaches in adults with chronic migraine (headaches on at least 15 days per month of which at least 8 days are with migraine).

ADTC Discussion points

The Neurosciences Directorate Group has indicated where this treatment should fit into clinical practice which was after a trial of at least 6 prophylactic therapies. The Committee noted that this was more restrictive than SMC advice. Clinical capacity may be challenging for the service.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in adults with chronic migrainein accordance with local procotol (in development).

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/692_11_botulinum_toxin_type_a_BOTOX/botulinum_to

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Buprenorphine

1213/17

Butec® transdermal patch

Indication:

In adults, for the treatment of chronic non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia.

ADTC Discussion points

The Committee noted that prescribing is by brand name and patches are not interchangeable. A prescribing note will be added to highlight this. Some concerns around potential increased use were noted. The Committee agreed that a blog article would be helpful to highlight that the Formulary entry is for the 7 day patch.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to use in patients aged over 65 years for moderate non-malignant pain where standard analgesic options are ineffective or not tolerated.

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1213_17_buprenorphine_transdermal_patch_Butec/bup

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Carfilzomib

1171/16

Kyprolis® infusion

Indication:

In combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1171_16_carfilzomib_Kyprolis/carfilzomib_Kyprolis_Res

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Date of ADTC Decision **20/02/2017**

Dalbavancin 1105/15

Xydalba® infusion

Indication:

Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults.

ADTC Discussion points

This is an ALERT antibiotic. The AMT have suggested that this medicine should be managed by local microbiologists and infectious disease specialists through the OPAT service.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to use on the advice of local microbiologists and infectious disease specialists in accordance with the OPAT service clinical management pathway for second-line use or when meticillin-resistant Staphylococcus aureus (MRSA) infection is suspected, and when the patient is initially hospitalised due to ABSSSI, requires intravenous antibiotics, but is eligible for early discharge as soon as their medical condition does not require further inpatient treatment.
Prescribing note: ALERT Antibiotic

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1105_15_dalbavancin_Xydalba/dalbavancin_Xydalba

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Daratumumab 1205/17

Darzalex® infusion

Indication:

Monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, whose prior therapy included a proteasome inhibitor and an immunomodulatory agent and who have demonstrated disease progression on the last therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1205_17_daratumumab_Darzalex/daratumumab_Darza

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Deferasirox 347/07

Exjade® dispersible tablets

Indication:

Treatment of chronic iron overload due to blood transfusions when deferoxamine therapy is contraindicated or inadequate, in adult and paediatric patients aged 2 years and older with rare acquired or inherited anaemias.

ADTC Discussion points

The Committee noted that this advice relates only to the MDS population. It is already on Formulary for its use when chronic iron overload is related to blood transfusions.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development) in patients with MDS with an International Prognostic Scoring System (IPSS) score of low or intermediate -1 risk

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/347_07_deferasirox_Exjade/deferasirox_Exjade_Resub

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Date of ADTC Decision **20/02/2017**

Desmopressin 1218/17

Noqdirna® oral lyophilisate

Indication:

Symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1218_17_desmopressin_Noqdirna/desmopressin_Noqd

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Elbasvir and grazoprevir 1203/17

Zepatier® tablets

Indication:

Treatment of chronic hepatitis C (CHC) in adults. (The efficacy of elbasvir-grazoprevir has not been demonstrated in genotypes 2, 3, 5 and 6. Elbasvir-grazoprevir is not recommended in patients infected with these genotypes).

ADTC Discussion points

This medicine will be built into the national Hepatitis C guidance. The Committee noted that this treatment was welcomed by local advisors.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with national guidelines

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1203_17_elbasvir-grazoprevir_Zepatier/elbasvir-grazopr

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Eltrombopag 1206/17

Revolade® tablets

Indication:

Chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients aged 1 year to 17 years who are refractory to other treatments (e.g. corticosteroids, immunoglobulins).

ADTC Discussion points

ADTC Decision:

Not routinely available as local implementation plans are being developed or ADTC is waiting for further advice from local clinical experts - Decision expected by:

24/04/2017

Local restrictions on use:

Date of ADTC Decision **20/02/2017**

Everolimus 1215/17

Afinitor® tablets

Indication:

Treatment of unresectable or metastatic, well-differentiated (Grade 1 or Grade 2) non-functional neuroendocrine tumours of gastrointestinal or lung origin in adults with progressive disease.

ADTC Discussion points

This offers another treatment option. This has been sent to West of Scotland Prescribing Advisory Group (WoSPASG) for development of protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development).

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1215_17_everolimus_Afinitor/everolimus_Afinitor_NETs

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Evolocumab 1148/16

Repatha® injection

Indication:

In adults with primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet: [1] in combination with a statin or statin with other lipid lowering therapies in patients unable to reach low density lipoprotein-cholesterol (LDL-C) goals with the maximum tolerated dose of a statin or, [2] alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.

ADTC Discussion points

This is the second in a new class of lipid lowering therapy. Treatment will be initiated within specialist lipid clinics for HeFH group of patients. A protocol and implementation plan will be developed. The Committee noted that specific nurses from both companies are employed to train and support patients. The company will take responsibility for disposal of SHARPS.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use via Lipid Clinics in accordance with local protocol and implementation plan (in development) only in patients with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥5.0mmol/L, for primary prevention of cardiovascular events or patients with HeFH and LDL-C ≥3.5mmol/, for secondary prevention of cardiovascular event. Use in other patient groups is subject to ongoing discussion.

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1148_16_evolocumab_Repatha/evolocumab_Repatha_

Date of ADTC Decision **20/02/2017**

Iron III isomaltoside 1000 1177/16

Diafer® injection

Indication:

Treatment of iron deficiency in adults with chronic kidney disease (CKD) on dialysis, when oral iron preparations are ineffective or cannot be used.

ADTC Discussion points

This offers another treatment option. The advice benefits from a Patient Access Scheme (PAS).

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use in iron deficiency in adults with chronic kidney disease on dialysis

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1177_16_iron_isomaltoside_1000_Diafer/iron_III_isoma

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Oestrogens, conjugated, bazedoxifene acetate 1220/17

Duavive® modified-release tablets

Indication:

Treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus (with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1220_17_oestrogens_conjugated_Duavive/oestrogens_

Osimertinib 1214/17

Tagrisso® tablets

Indication:

Treatment of adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer (NSCLC).

ADTC Discussion points

A significant improvement in progression free survival was noted. This has been sent to West of Scotland Prescribing Advisory Group (WoSPASG) for development of protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development) in patients who have received previous treatment with an EGFR tyrosine kinase inhibitor.

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1214_17_osimertinib_Tagrisso/osimertinib_Tagrisso

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Date of ADTC Decision **20/02/2017**

Pembrolizumab 1204/17

Keytruda® infusion

Indication:

Treatment of locally advanced or metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express programmed death ligand 1 (PD-L1) and who have received at least one prior chemotherapy regimen.

ADTC Discussion points

The SMC decision was “Accepted for restricted use within NHS Scotland”
The Committee noted that treatment is subject to a two year stopping rule. The SMC advice takes account the views of a PACE meeting and the benefits of a Patient Access Scheme (PAS).

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development)

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1204_17_pembrolizumab_Keytruda/pembrolizumab_Ke

Pitolisant 1229/17

Wakix® tablets

Indication:

Treatment of narcolepsy with or without cataplexy in adults

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1229_17_pitolisant_Wakix/pitolisant_Wakix

Trifluridine/tipiracil hydrochloride 1221/17

Lonsurf® tablets

Indication:

Treatment of adult patients with metastatic colorectal cancer (CRC) who have been previously treated with, or are not considered candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti vascular endothelial growth factor agents, and anti-epidermal growth factor receptor agents.

ADTC Discussion points

The SMC advice takes account the views of a PACE meeting and the benefits of a Patient Access Scheme (PAS). This has been sent to West of Scotland Prescribing Advisory Group (WoSPASG) for development of protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development).

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1221_17_trifluridine_tipiracil_as_hydrochloride_Lonsurf/

Date of ADTC Decision **20/02/2017**

Vernakalant 1222/17

Brinavess® infusion

Indication:

Rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults
- For non-surgery patients: atrial fibrillation ≤ 7 days duration
- For post-cardiac surgery patients: atrial fibrillation ≤ 3 days duration

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/SMC_Advice/Advice/1222_17_vernakalant_Brinavess/vernakalant_Brinaves