ADTC(M) 17/02
Minutes: 14 - 32

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, 24 April 2017 at 2.00 p.m.

P R E S E N T

Dr S Muir (in the Chair)

Mrs J Watt
Dr G Forrest
Mrs A Campbell
Mr R Foot
Mrs Y Semple
Mr G Gorman
Dr A Seaton
Mrs A Muir
Dr J Mackenzie
Dr A Taylor
Dr K O'Neill
Mrs L Hillan
Dr K McAllister
Dr J Simpson
Dr A Bowman
Prof G McKay
Ms F Thomson
Mrs Margaret Ryan

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

Miss L Young.....Secretariat Officer

ACTION BY

14. 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.

15. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr R Hardman, Mr A Crighton, Mrs A Thompson and Dr J Burns.

16. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on 20 February 2017 were approved as a correct record.

NOTED

17. MATTERS ARISING

None.

18. 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

19. FORMULARY APPEAL: ALOGLIPTIN

Mr Foot presented the appeal submitted by the Diabetes MCN Prescribing Group to add Alogliptin to the Preferred List as an additional dipeptidylpeptidase-4 (DPP-4) inhibitor treatment option and replace Sitagliptin. This offers a cost effective alternative to the current options for DPP4s. The Committee noted that Alogliptin is only accepted for use by SMC as dual therapy with either metformin or a sulphonylurea as the company submission only covered this aspect of the fully licensed indication.

Dr Taylor raised concerns in relation to increased workload for Primary Care. Mrs Ryan informed the Committee that a Prescribing Support Team will be supporting changes. A prescribing initiative will look at moving specific patients and practices will be remunerated. The Committee noted that this would offer an opportunity to review patients.

The Committee discussed the reasons for replacing Sitagliptin. Following discussion the Committee agreed that they were happy to move forward on the basis of sound clinical and financial grounds.

Dr Taylor requested that there is information for practices on the pros/cons of the switch over.

DECIDED:

Following discussion the Committee agreed Alogliptin will replace Sitagliptin on the Preferred List and the existing restriction will be removed.

20. ACTIQ®

Mr Foot presented the appeal to remove ACTIQ® lozenges from the NHS GGC Adult Formulary. The Total Formulary includes 3 oral fentanyl preparations for the use in acute pain.
The Committee noted that ACTIQ® is the least prescribed and the highest cost.

DECIDED:

Following discussion the Committee agreed to the removal of ACTIQ® from the GGC Adult Formulary (Total Formulary).

21. CERAZETTE®

Mr Foot presented the appeal submitted by the PMG PC to request the removal of Cerazette® brand of Desogestral, leaving the lower cost option Cerelle as the named brand of choice for NHS GGC. The Committee noted that a future review of the sexual health medicines section would be beneficial.

DECIDED:

Following discussion the Committee agreed to the removal of Cerazette® from the Formulary.

22. TIOTROPIUM (BRALTUS ZONDA®)

Mr Foot presented the appeal submitted by the Respiratory MCN Prescribing Group to consider identifying Braltus Zonda as the preferred choice tiotropium device, remove Spiriva Handihaler from the prescribing note (making it non formulary) and identify Spiriva Respimat as a Total Formulary device choice.

The Committee noted that the device is similar to Spiriva. Community Pharmacies will be available to provide support to patients.

DECIDED:

Following discussion the Committee agreed to the appeal request.

23. ALIROCUMAB

The Committee noted the paper providing an update on the prescribing and Formulary status of PCSK9 inhibitors alirocumab and evolocumab which are included in the GGC Formulary for a subgroup of patients with Heterozygous Familial Hypercholesterolaemia (HeFH).

Alirocumab was accepted by SMC for restricted use, which included the phrase ‘specialist use only’. On resubmission evolocumab requested the same positioning as alirocumab, which was accepted by SMC.

Greater Glasgow & Clyde focussed on patients with HeFH as this was the highest unmet need. Use within specialist lipid clinics seemed appropriate however as discussions evolved, continuation of prescribing by the patients GP was considered a relevant option. Concerns were raised by GP colleagues that a medicine accepted by SMC for ‘specialist use only’ was being considered for prescribing in Primary Care. Concerns were also raised in relation to uncertainty regarding respective roles and responsibilities and the lack of familiarity with the medicines. SMC was approached regarding the ‘specialist use only’ restriction and advised that the ‘specialist only’ phrase was not intended to restrict use to specialists prescribing only.

A detailed discussion took place around Primary Care involvement. Dr Taylor

highlighted concerns with continued prescribing of injections. He suggested prescribing should take place at the clinic. The Committee discussed this and recognised that two different records of prescribing wouldn't be helpful to the patient.

A proposed Shared Care agreement was completed however the medicines did not meet the criteria for shared care. Mrs Hillan informed the Committee that detailed discussions have taken place regarding shared care for this medicine. She reported that this medicine does not meet the criteria for shared care. There are no additional Primary Care monitoring.

The Committee briefly discussed disposal of sharps and it was understood that the company support nurses would manage the sharps.

DECIDED:

The Committee supported a change in prescriber status for these new **lipid lowering medicines** after clarification from SMC that prescribing *on the advice of* a specialist was appropriate interpretation of 'specialist use only'.

A formal communication from the Committee to SMC would be prepared to highlight the challenges with this particular wording.

24. SAFER USE OF MEDICINES SUB-COMMITTEE

Six Monthly Report

Prof McKay tabled the six monthly report to inform the ADTC on the work of the Safer Use of Medicines Sub-Committee. Prof McKay highlighted in particular;

The Sub-Committee continues to promote the safe use of medicines within NHS GGC through appropriate monitoring of current clinical practice and promoting initiatives to improve safety. The last meeting was held on 21st February 2017. The Sub-Committee continues to have good representation, however, there is a desire for broader representation. Two of the senior medical representatives have stepped down and will be replaced.

A number of pilots are ongoing, including;

Review of Safer Use of Medicines Risk Register

- Medication Incidents including SCI learning summaries and the testing of templates
- Missed doses audit

Orion Medicines Management Model

A Testing module will be piloted in June at 3 different sites. The module sits within clinical portal and will run parallel with the current system.

HEPMA

Work is being carried out on a business case for NHSGGC at the moment.

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

25. THERAPEUTICS SUB-COMMITTEE

Six Monthly Report

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

A review is underway of the Compression Bandage Formulary. Consideration of velcro wrap for compression therapy in venous insufficiency is underway. A submission has been made to HIS asking for a health technology report for evidence surrounding compression bandaging.

Audit work on prescribing practice in podiatry has been carried out.

Prescribing guidelines for stoma products have been developed. These will be submitted to the Medicines Utilisation Sub-Committee for review.

A urology prescribing implementation guide has been drafted and will be piloted in East Dunbartonshire. A prescribing dashboard is under development to monitor use of urology products.

Formulary changes have been carried out within oral nutrition. A new ONS Formulary in place based on powder products first line. Thickening of powder supplements guidance is available.

An update was provided on Non Medical Prescribing (NMP). Dieticians are due to start training in September to become supplementary prescribers.

Funding for training from the Scottish Government has been withdrawn however a further year of funding has been agreed. Intakes will take place in September 2017 and February 2018. Mr Gorman noted that there is a high demand for training.

The Committee noted it would be useful to have access to the list of PGD's. Mr Gorman reported that a spreadsheet is held by PPSU with a log of all the PGDs. Access to the PGDs via StaffNet is not recommended, however, a list of available PGDs could be uploaded.

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

26. PRESCRIBING INTERFACE SUB-COMMITTEE

Six Monthly Report

The Committee noted the 6 monthly report to inform the ADTC on work of the Sub-Committee. Mrs Hillan highlighted in particular;

The Committee continues to work with directorates and clinical specialists to identify medicines which may be suitable for shared care. The group have considered a number of Shared Care Agreements in the last 6 months. There have been a number of protocols that did not meet the current criteria for shared care

Discussions are taking place with the LMC regarding a number of shared care agreements which have not been finally approved, mainly due to a requirement for some type of monitoring to be undertaken in Primary Care.

The Committee continues to seek clarity around the process for agreeing any changes in arrangements and funding for drug monitoring in Primary Care now that the NPT ES (Near Patient Testing Enhanced Service) group no longer exists.

Mrs Hillan updated the Committee on challenges with protocols, which includes monitoring and sharps waste disposal. Mrs Hillan highlighted that there is no formal Committee to raise this with as the previous Committee was disbanded.

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

27. OTHER ADTC SUB-COMMITTEES

(a) Antimicrobial Sub-Committee

Dr Seaton provided an update on the latest activities of the Antimicrobial Sub-Committee. The last meeting was held on 3rd March 2017.

Dr Seaton highlighted the following;

- There is a shortage of piperacillin-tazobactam at the moment and it is likely to continue until July at least. A memo was circulated to staff to reinforce the importance of following the guidelines. Alternatives to piperacillin-tazobactam in neutropenic sepsis have been agreed
- There is also currently ongoing limited supply of aztreonam.
- There has been a 5% increase of antibiotic use in Q4 for 2016. A reduction in piperacillin-tazobactam and meropenem use has been noted prior to the recent shortage). Temocillin use has increased markedly and has been associated with a significant increase in antibacterial expenditure.
- There is a new ScRAP (Scottish Reduction in Antibiotic Prescribing) module to support prudent prescribing in primary care. This has been developed by NES and SAPG lead by Anne Thomson

The antimicrobial Kardex will be trialled in 3 hospitals. It is hoped that this will support antibiotic reviews.

Work is taking place regarding outpatient packs of antibiotics. It is suspected that this may be a source of over prescription of some antibiotics and there are opportunities to control this better by labelling of packs per indication and limiting pack sizes. This may have implications for Primary Care and the AMT will ensure that any new initiative does not risk under treatment or put undue burden on primary care.

Dr Seaton reported that there are increased antimicrobial costs within Primary Care including a marked unexpected increase in cost of liquid nitrofurantoin

Dalbavancin (a once weekly injectable antibiotic for soft tissue infections) was approved by ADTC for limited use in secondary care to allow selected patients not suitable for OPAT or oral therapy to be discharged earlier under the supervision of the QEUH OPAT and ID service. Further planning needs to be given to how this may be safely utilised on other hospital sites.

Dr Seaton reported that use of gentamicin is reducing and this reflects greater use of Temocillin (see before). New guidance has been included in the Therapeutics Handbook to increase the number of patients who could safely receive empirical

gentamicin treatment i.e. if eGFR>20mls/min**/1.73** m2

The Committee noted the update provided.

(b) Polypharmacy Sub-Committee

No update.

(c) Medicines Utilisation Sub-Committee

Dr O'Neill provided a brief update from the last meeting.

The management of expiring guidelines was discussed. A reminder email is sent out by the clinical guidelines team prior to the guideline expiry date. If no response is received the team contact the approving Committee. The checklist can have up to 6 names on it therefore it will be suggested to clinical guidelines team that they systematically go through the list or contact the MCN Coordinator prior to contacting the approving Committee.

Dr O'Neill reported that the majority of guidelines reviewed by the Committee have on average a 2 year timescale. The Guideline Framework has a maximum 3 year timescale available therefore members agreed that as part of the feedback to the author a 3 year expiry date will be suggested as an option.

The Committee noted the update provided.

28. ADTC COLLABORATIVE

(a) ADTCC Update

Consensus statement for preferred DOAC for prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation

There have been two meetings of the Expert Clinical Group and a literature review of the evidence has taken place. It is hoped that a preferred DOAC for atrial fibrillation will be agreed by June. The next step is being led by National Procurement. The Committee noted the briefing which has been provided to the relevant pharmaceutical companies and should be referred to should there be any related queries.

A further update will be provided at the next meeting.

29. YELLOW CARD CENTRE SCOTLAND – SUMMARY REPORT (APR-DEC 16)

The Committee noted the Yellow Card Centre Scotland Summary Report circulated for information.

30. PRESCRIBING MANAGEMENT GROUP REPORT

The next Prescribing Management Group meeting will take place on 25 April 2017.

31. ANY OTHER BUSINESS

The Chair informed members that Prof McKay is stepping down as Vice Chair. The Chair thanked Prof McKay for his hard work and commitment to the Committee over

a number of years. He will continue to attend the Committee in his role as Chair of the Safer Use of Medicines Sub-Committee.

32. DATE OF NEXT MEETING

Monday, 19 June 2017 – Boardroom, JB Russell House, Gartnavel Royal Hospital

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **24/04/2017**

Daclizumab

1216/17

Zinbryta® pre-filled syringe or pen

Indication:

In adult patients for the treatment of relapsing forms of multiple sclerosis.

ADTC Discussion points

The Committee noted this new agent for treatment of relapsing forms of multiple sclerosis. The advice benefits from a Patient Access Scheme. The Committee noted that this medicine will be prescribed by specialists and monthly blood monitoring would be the responsibility of the MS Specialist Team.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in patients with rapidly evolving severe (RES) relapsing remitting multiple sclerosis (RRMS) or in patients with RRMS with an inadequate response to disease modifying therapy.

Emtricitabine/tenofovir disoproxil

1225/17

Truvada® tablets

Indication:

In combination with safer sex practices for pre-exposure prophylaxis to reduce the risk of sexually acquired HIV-1 infection in adults at high risk.

ADTC Discussion points

The Sub-Committee noted significant financial implications. Feedback from the service indicates that there will be an implication on service capacity for sexual health services.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use by consultants in sexual health and infectious disease consultants.

Ixekizumab

1223/17

Taltz® injection

Indication:

Moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.

ADTC Discussion points

This new medicine benefits from a Patient Access Scheme. The Committee noted that there may be a cost saving compared to competitors. Small patient numbers are predicted.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted patients who have failed to respond to standard systemic therapies (including ciclosporin, methotrexate and phototherapy), are intolerant to, or have a contra-indication to these treatments.

Obinutuzumab

1219/17`

Gazyvaro® infusion

Indication:

Obinutuzumab in combination with bendamustine followed by obinutuzumab maintenance is indicated for the treatment of patients with follicular lymphoma who did not respond or who progressed during or up to six months after treatment with rituximab or a rituximab-containing regimen.

ADTC Discussion points

The advice takes account the views of a PACE meeting and benefits from PAS. This has been sent to West of Scotland (WosPG) 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)

Trastuzumab emtansine

990/14

Kadcyla ® infusion

Indication:

As a single agent, for the treatment of adult patients with human epidermal growth factor type 2 (HER2)-positive, unresectable locally advanced or metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either received prior therapy for locally advanced or metastatic disease, or developed disease recurrence during or within six months of completing adjuvant therapy.

ADTC Discussion points

The advice takes account the views of a PACE meeting and benefits from PAS. This has been sent to West of Scotland (WosPG) 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)

Ibrutinib

1151/16

Imbruvica® capsules

Indication:

Treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy.

ADTC Discussion points

The Committee noted the new indication for this drug. This has been sent to West of Scotland (WosPG) for development of protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in patients with relapsed/refractory CLL and for whom fludarabine-based regimens are inappropriate in accordance with regional protocol (in development)

Insulin aspart

1227/17

Fiasp® injection

Indication:

Treatment of diabetes mellitus in adults.

ADTC Discussion points

The Committee noted that insulin aspart may differ in terms of speed of onset of action therefore should be prescribed by brand name.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Nepafenac

1228/17

Nevanac® eye drops

Indication:

Reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients

ADTC Discussion points

This medicine is restricted to specialist use.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use for reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients.

Abatacept

1230/17

Orencia® injection

Indication:

Treatment of highly active and progressive disease in adult patients with rheumatoid arthritis not previously treated with methotrexate.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Lacosamide

1231/17

Vimpat® tablets, infusion, syrup

Indication:

As monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent (16-18 years) patients with epilepsy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Liposomal Irinotecan

1217/17

Onivyde® infusion

Indication:

Treatment of metastatic adenocarcinoma of the pancreas, in combination with fluorouracil(5-FU) and leucovorin (folinic acid), in adult patients who have progressed following gemcitabine based therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Ofatumumab

1237/17

Arzerra® infusion

Indication:

Treatment of adult patients with relapsed CLL in combination with fludarabine and cyclosphosphamide.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Tenofovir alafenamide

1238/17

Vemlidy® tablets

Indication:

Treatment of chronic hepatitis B in adults and adolescents (aged 12 years and older with body weight at least 35 kg).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Ticagrelor

1224/17

Brilique® tablets

Indication:

Co-administered with acetylsalicylic acid for the prevention of atherothrombotic events in adult patients with a history of myocardial infarction and a high risk of developing an atherothrombotic event.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:
