ADTC (M) 24/16
Minutes 24-34

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 17 June 2024 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Ronnie Burns	Mairi-Anne McLean
Maureen Byrne	Ishtiaq Mohammed
Ysobel Gourlay	Aileen Muir
Roger Hardman	Faria Qureshi
Craig Harrow	Helen Smith
Chris Jones	Amit Verma
Elaine McIvor	

IN ATTENDANCE

Cristina Coelho	Lead Pharmacist, Clinical Effectiveness, Medicines Information
Lynne Harrison	Pharmacy Technician Higher Level - Homecare
Elaine Paton	Lead Pharmacist, Pharmaceutical Public Health (Interim
Joyce Robertson	Secretariat(Minute)

			ACTION BY
24.	**CHAIR'S STATEMENT**		
	The Chair reminded members that papers and proceedings related to SMC advice were, in some cases, confidential, and should not be disclosed before the relevant embargo dates. Members were reminded to 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. **NOTED**		
25.	**WELCOME AND APOLOGIES**		

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	The Chair welcomed those present to the April meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were noted on behalf of Katie Adair, Brian Digby, Peter Kewin, Janice Watt and Fiona Thomson. The Chair noted that Alexander Crighton is retiring and will no longer attend meetings, and thanked him for his contributions. **NOTED**		
26.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday, 22nd April 2024 [*24/10 - ADTC(M) April Minute*] and were content to accept these as an accurate record of the meeting. **APPROVED**		
27.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
28.	**NEW MEDICINES FOR CONSIDERATION**		
(i)	**Report on SMC Product Assessments**		
	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 declarations of interest were made. *See Appendix 1 for summarised decisions.* **NOTED**		
(ii)	**West of Scotland Cancer Network Prescribing Advisory Subgroup Reports**		
	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.		

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	No declarations of interest were made. *See Appendix 1 for summarised decisions.* **NOTED**		
iii)	**GLP1 mimetics for Weight Management Update**		
	a) Tirzepatide (Mounjaro®) SMC 2653, Eli Lilly. Paper presented by Ish Mohammed. 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 declarations of interest were made. *See Appendix 1 for summarised decisions.* **b) Verbal update from GGC SLWG - Consensus statement: National Priority Criteria for the use of GLP1-RA medication in the Treatment of Obesity in NHS Scotland.** Paper presented by Elaine Paton Ms Paton confirmed that ongoing monitoring/interventions are required following initiation of a prescription. The initial intention was that the Specialist Weight Management Service (SWMS) would be responsible for this. However, significant waiting list numbers presented the greatest challenge in the development and implementation of a pathway. Further work is required for resolution on the prescribing and monitoring of GLP1-RA medication for weight management. An options appraisal paper outlining potential delivery routes was under consideration following publication of a Scottish Government consensus statement in April 2024. This statement was regarding access to treatment management pathways, given that SMC approval was based on a SWMS model across Scotland. The consensus statement was produced by a short-life working group (SLWG) and recommended that patients with a BMI of over 38 be prioritised for treatment and that it was available from other services in addition to specialist weight management. Public Health were developing modelling to predict potential patient numbers. The Committee discussed the preferred agent, availability of drugs and service provision routes. Ms Qureshi noted discussions		

			ACTION BY
	by the ADTC Collaborative and confirmation by Scottish Government advisor Laurie Eyles that work was underway to secure a supply chain for the NHS, along with the SLWG recommendation that an education programme be developed for professionals regarding weight management and obesity. Ms Smith noted that from a national perspective, no conclusions had been reached and proposed sharing responses from Ms Eyles to questions posed by Grampian Health Board on the matter. It was noted that liraglutide is currently in the formulary with a treatment pathway which determined monitoring would be provided by weight management services and GPs would undertake prescribing of the medicine. This pathway has not been used by GPs and the Weight Management Service is to be consulted on any prescriptions to date. The Committee approved prioritisation of high risk patients for semaglutide but noted that clear plans would need to be developed on the delivery of prescribing and monitoring. **DEFERRED**		
29.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
	a) Prescribing Interface Dr Roger Hardman spoke to the previously circulated paper [*Paper 24/14 - Prescribing Interface June 2024*], highlighting the following: - The issue of retiring the Shared Care Agreement for use of Melatonin was ongoing. - The Committee had shared agreements to be reviewed. - Terms of Reference had been updated. Mr Mohammed noted that formulary changes for melatonin use in adults was to be discussed at the next Medicines Utilisation Subcommittee meeting in August. The Committee was content to note the update. **NOTED**		
	b) Patient Group Directive		

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	Ms Elaine Paton spoke to the previously circulated paper [*Paper 24/15 - Patient Group Directive June 2024*], highlighting the following: - The extended report covered a 9-month period. - The majority of committee reviews undertaken had been vaccine PGDs. - A guidance document had been developed and distributed, outlining process for shortage management. - Agreement had been reached within specialties to unify a PGD for lidocaine and this would be brought for approval in due course. The Committee was content to note the update. **NOTED**		
30.	**ADTC SUBCOMMITTEE UPDATES**		
	a) Medicines Utilisation Update A verbal update was provided by Dr Verma noting that simplification of the peer review process was under consideration in liaison with Ms Lorna Fairlie and the Acute Clinical Governance Forum. Discussions regarding management of consistently high workload had resulted in the proposal of an interim procedure of timed email updates to committee members for feedback. Meetings to remain bi-monthly. The Committee was content to note the update. **NOTED**		
	b) Non-Medicines Utilisation Update Mrs Mairi-Anne McLean noted all guidelines and formularies were up-to-date. The Committee was content to note the update. **NOTED**		
	c) Antimicrobial Subcommittee Update		

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	A verbal update was provided by Ms Ysobel Gourlay noting the following: - There had been a notable increase in use of piperacillin with tazobactum (PIPTAZ) and meropenem against the same quarter in 2023-24, and information had been disseminated on appropriate alternatives. - Plans were underway to launch new vancomycin and gentamycin calculators at the beginning of August, with subsequent quality improvement programmes to improve rates of usage. - In 2023, primary care had demonstrated a 17% reduction in antimicrobial use compared with 2015-16. - IV antibiotic was down 16% compared to 2018 use. - The local access antibiotic target was to be above 60% for acute care and GGC were currently reporting 61%. The Committee was content to note the update. **NOTED**		
	d) Safer Use of Medicines Update No update was provided. **NOTED**		
	e) Communications Subcommittee Update No update was provided. **NOTED**		
31.	**HEPMA Progress Report**		
	Due to apologies, no update was provided. **NOTED**		
32.	**ADTC Collaborative Update**		
	Ms Faria Qureshi provided a verbal update on the last meeting of the ADTC Collaborative on 22nd May, highlighting the following updates given: - A detailed newsletter was circulated last week and this will be distributed to ADTC members post-meeting.		

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	- An SMC update reported that a stream-lined process for the initial assessment of Ultra-orphan medicines has been proposed. In future, when SMC issue advice for a non-submission, they would include in the advice document of manufacturer intent regarding future submission. - National Cancer Medicines Advisory Group (NCMAG) Update: Breast cancer prevention plan to be reviewed in September 2024. On-label use of bisimilars had been included in the NCMAG remit. - Scottish Antimicrobial Prescribing Group (SAPG) Update: SAPG has issued a statement on the updated MHRA fluoroquinolone advice, supporting the restrictions and review of local guidance but also advising that some consideration should also be given to the wider implications of these restrictions on the promotion of IV and broader spectrum antibiotic therapy. New national targets on antimicrobial prescribing were reported and attention drawn to new OPAT guidance regarding antimicrobial resistance and a lower UTI pathway. Guidance had also been updated on antimicrobial use in frail people and for end-of-life patients. - ADTCC Update: A unified form was being developed for clinicians who wished to prescribe non-formulary or non-SMC approved medicines. - Scottish Government Update: Public Health Scotland had published guidance on maternal exposure to sodium valproate. The Committee discussed a British National Journal article which had criticised MHRA advice on reducing use of fluoroquinolones and noted that GGC use had already been restricted. The Committee was content to note the update. **NOTED**		
33.	**Any Other Business**		
	The Chair invited the Committee to raise any other business. No business was raised. **NOTED**		
34.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday, 19th August 2024 at 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **17/06/2024**

momelotinib

SMC2636

Omjjara® 0

Indication:

Treatment of disease-related splenomegaly or symptoms in adult patients with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Associated Kinase (JAK) inhibitor naïve or have been treated with ruxolitinib.

ADTC Discussion points

Awating feedback from local experts

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:
19/08/2024

Local restrictions on use:

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voxelotor

SMC2626

Oxbryta® 0

Indication:

Treatment of haemolytic anaemia due to sickle cell disease (SCD) in adults and paediatric patients 12 years of age and older as monotherapy or in combination with hydroxycarbamide.

ADTC Discussion points

Voxelotor is the first medicine licensed for treatment of haemolytic anaemia in SCD.
Greater number of patients in GGC expected to be treated with voxeletor than SMC estimates.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use as a second line treatment for haemolytic anaemia in patients with SCD who are intolerant, ineligible or have an inadequate response to, hydroxycarbamide.

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budesonide/formoterol

SMC2622

Symbicort® Tu 0

Indication:

As reliever therapy for adults and adolescents (12 years and older) with mild asthma.

ADTC Discussion points

First combination of an inhaled corticosteroid (ICS) plus a LABA for use only as reliever therapy for adults and adolescents with mild asthma.
Local asthma guidelines will require updating to reflect new indcation for use.
Duoresp Spiromax also licensed for this indication and on GGC Formulary. Agreed to approve same indication for use for Duoresp Spiromax.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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etrasimod

SMC2655

Velsipity® 0

Indication:

Treatment of patients 16 years of age and older with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biological agent.

ADTC Discussion points

Additional treatment choice in the therapeutic class of sphingosine 1- phosphate receptor modulators. Alternative to ozanimod.Does not require dose titration unlike ozanimod.
Will be consdered in preference to ozanimod

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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clostridium botulinum neurotoxin type A

SMC2680

Xeomin® 0

Indication:

Focal spasticity of the lower limb affecting the ankle joint

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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decitabine , cedazuridine

SMC2681

Inaqovi® 0

Indication:

Monotherapy for the treatment of adult patients with newly diagnosed acute myeloid leukaemia (AML) who are ineligible for standard induction chemotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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dupilumab

SMC2682

Dupixent® 0

Indication:

Treatment of eosinophilic esophagitis in adults and adolescents 12 years and older, weighing at least 40 kg, who are inadequately controlled by, are intolerant to, or who are not candidates for conventional medicinal therapy

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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pembrolizumab

SMC2683

Keytruda® 0

Indication:

In combination with gemcitabine and cisplatin for the first-line treatment of locally advanced unresectable or metastatic biliary tract carcinoma in adults.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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zanubrutinib

SMC2671

Brukinsa® 0

Indication:

In combination with obinutuzumab for the treatment of adult patients with refractory or relapsed follicular lymphoma (FL) who have received at least two prior systemic therapies.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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ruxolitinib

SMC2634

Opzelura® 0

Indication:

Treatment of non-segmental vitiligo (NSV) with facial involvement in adults and adolescents from 12 years of age.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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tixagevimab, cilgavimab

SMC2558

Evusheld® 0

Indication:

Treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk of progressing to severe COVID-19.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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epcoritamab

SMC2632

Tepkinly® 0

Indication:

Monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.

ADTC Discussion points

Referred to RCAG for advice

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:

Local restrictions on use:

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glofitamab

SMC2614

Columvi® 0

Indication:

Monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy.

ADTC Discussion points

Referred to RCAG for advice

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:

Local restrictions on use:

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remdesivir

SMC2550

Veklury® 0

Indication:

treatment of COVID-19 in:
- adults and paediatric patients (at least 4 weeks of age and weighing at least 3 kg) with pneumonia requiring supplemental oxygen (low- or high-flow oxygen or other non-invasive ventilation at start of treatment).
- adults and paediatric patients (weighing at least 40 kg) who do not require supplemental oxygen and who are at increased risk of progressing to severe COVID-19

ADTC Discussion points

Awating feedback from local experts

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:

19/08/2024

Local restrictions on use:

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tirzepatide

Mounjaro® 0

Indication:

For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥30 kg/m2 (obesity) or ≥27 kg/m2 to <30 kg/m2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

ADTC Discussion points

Decision deferred until local implementation plans on service dleivery are agreed.

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:
09/12/2024

Local restrictions on use: