ADTC(M) 21/05
Minutes 60 - 76

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Drugs and Therapeutics Committee held on Monday 13 December 2021 at 2.00pm via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Mrs Alison Campbell	Mr Alister MacLaren
Ms Yvonne Clark	Mrs Elaine McIvor
Mr Roy Foot	Mrs Mairi-Anne McLean
Dr Gordon Forrest	Ms Lynne Watret
Dr Roger Hardman	Dr Raymund White
Mr Alex Crighton	Dr Kay McAllister
Prof Gerry McKay	Dr Beth White

IN ATTENDANCE

Mrs Louise Russell	..	Secretariat Officer (Minute)

			ACTION BY
60.	**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		
61.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the December Meeting of the Area Drugs and Therapeutics Committee.		

			ACTION BY
	Apologies for absence were intimated on behalf of Ms Fiona Thomson, Mrs Janice Watt, Ms Aileen Muir, Ms Gail Caldwell and Mrs Audrey Thompson. NOTED		
62.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday 18 October 2021 [Paper No. ADTC(M)21/04] and were content to accept this as an accurate record. APPROVED		
63.	**MATTERS ARISING**		
	There were no matters arising. NOTED		
64.	**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.*		
65.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
a)	**PRESCRIBING INTERFACE SUBCOMMITTEE**		
	The Committee considered the paper 'Prescribing Interface Six Monthly Report' [Paper No. 21/20], presented by Dr Roger Hardman. The report summarised the work undertaken by the Subcommittee from April 2021 to November 2021 and provided an update on future work.		

			ACTION BY
	The report highlighted that the group had considered a small number of Shared Care Agreements in the last 9 months. This included minor changes to existing SCAs, Methotrexate s/c Rheumatology and minor changes to Melatonin for sleep disorders in children. The Committee noted that a new SCA for Naltrexone for alcohol dependence was under development (not yet approved). The report highlighted potential Shared Care Agreements for future development which included; Methotrexate s/c for dermatology use and Methotrexate s/c for gastroenterology use. The SCA template and submission checklist were being reviewed. The Committee noted that existing documents remained valid in the meantime. The Chair thanked Dr Hardman for the update and invited comments and questions from members. There were no questions raised. The Committee were content to note the report. <u>NOTED</u>		
66.	**SAFER USE OF MECICINES SUBCOMMITTEE**		
	The Committee considered the paper 'Safer Use of Medicines Subcommittee Six Monthly Report' [Paper No. 21/21], presented by Mr Alister MacLaren. Following approval of the Safer Use of Medicines Strategic Framework by Board Clinical Governance, Pharmacy Medicines Governance Leads had joined with Mental Health & Primary Care colleagues in a core implementation group to support implementation of the framework. The ADTC Safer Use of Medicines provided oversight. A single shared workplan was being developed to help identify gaps, support sharing of good practice and opportunities for collaboration. The Committee noted that current and planned Safer Use of Medicines activities were being collated into a single NHSGGC Safer Use of Medicines Workplan. Regular HEPMA updates continued to be provided to ADTC Safer Use of Medicines. Governance issues were considered by a HEPMA Clinical Reference Group with escalation to ADTC Safer Use of Medicines if required.		

			ACTION BY
	A 1 year update to the Medicines Reconciliation in Hospital Policy was agreed in June 2021. The group agreed to test the optional medicines reconciliation function available within HEPMA and the impact of the proposed new IDL before meeting again to make recommendations. Mr MacLaren reported that a small test of the HEPMA medicines reconciliation function was carried out in a ward at the QEUH. Mr MacLaren reported that tests would be carried out at the RAH and Clyde when HEPMA had been fully implemented. Mr MacLaren reported that new IDL pathway would be launched. A roll out date had still to be set. Mr MacLaren highlighted that the impact of the new IDL pathway would be assessed in due course. Mr McLaren reported that review of the NHSGGC Safe and Secure Handling of Medicines Policy & Guidance was ongoing. The updated NHSGGC IV Medicine Administration Policy was reviewed and approved by the Acute Clinical Governance Committee and the Safer Use of Medicines Committee. Following a National Patient Safety Alert regarding inappropriate anticoagulation of patients with a mechanical heart valve, a comprehensive review was carried out to identify any patients inappropriately switched to DOAC's at the start of the pandemic. Mr MacLaren reported that no NHSGGC patients were inappropriately switched to LMWH or DOACs at the start of the pandemic that hadn't already been reversed. Mr MacLaren reported that missed doses were a recurring theme in hospital. The implementation of HEPMA enabled the development of real time reports to ward staff showing medicines administered and doses missed, so that appropriate action could be taken. The Chair thanked Mr MacLaren for the update and invited comments and questions from members. There were no questions raised. The Committee were content to note the report. **NOTED**		
67.	**ANTIMICROBIAL SUBCOMMITTEE**		

			ACTION BY
	The Committee considered the paper 'Antimicrobial Subcommittee Six Monthly Report' [Paper No. 21/21], presented by Dr Beth White. The report provided an update on the SAPG (ARHAI) quarter 1 targets on antimicrobial use. Dr White highlighted that primary care were currently meeting the 10% reduction of antibiotic use target. The current total reduction was 36.1%. Dr White reported that NHSGGC were currently meeting the target for use of intravenous antibiotics in secondary care. Dr White highlighted that GG&C had a 28.3% reduction in IV antibiotics compared with 2018 use. Some of this could be related to COVID 19, resulting in less hospital patients than normal. Dr White reported that NHSGGC IV antibiotic use (DDDs)/1000 population/day was above the national average, however as IV antibiotic use DDD/1000 Occupied bed days was measured, NHS GGC IV antibiotic use was actually the lowest in Scotland. Dr White highlighted that the IV antibiotic use per population data does not take into account the fact that many patients from other health boards travel to NHS GGC for treatment. Dr White reported that NHSGGC were currently meeting the target for use of WHO Access antibiotics (NHSE list). The local data to Q3 2021 showed that 62.0% of antibiotics used in NHS GGC were Access Antibiotics. Dr White reported that there had been a focus on reducing Temocillin use in NHSGGC. Dr White highlighted that following removal of temocillin from infection management guidelines, there had been a reduction in spend. Dr White informed the Committee that work had taken place to promote Oral over IV metronidazole. Dr White highlighted that there had been a significant reduction in use. The Committee noted that work continued to take place to promote the switch. Dr White informed members that antibiotic point prevalence data was collected in every hospital in GGC once per year. Dr White reported that a common theme included lack of documentation of intended duration of oral antibiotic use and missed antibiotic doses. It was hoped that HEPMA would assist with improving this. Dr White reported that work was taking place to reduce the duration of IV antibiotic use as a high proportion of patients were on them for over 72 hours. The Chair thanked Dr White for the update and invited comments and questions from members.		

			ACTION BY
	In response to a question relating to removal of temocillin from guidelines, the Committee noted that discussion was required regarding removal on the Formulary. Dr White agreed to raise this for further discussion through the appropriate channels. In response to a question in relation to promoting a switch from IV metronidazole to oral, Dr White reported that champions at sites were required. The Committee noted that posters had been suggested. Mrs McIvor would discuss promotion further. Pop up alerts through HEPMA were suggested, however the committee recognised the limitations of this with potential for notes to be clicked past. The Committee were content to note the report. **NOTED**		
68.	**ADTC SUBCOMMITTEE UPDATES**		
a)	**NON-MEDICINES UTILIATION SUBCOMMITTEE**		
	Mrs Mairi-Anne McLean provided a verbal update on behalf of the Non-Medicines Utilisation Subcommittee. Mrs McLean highlighted that the Wound and Stoma Formularies were being updated. Mrs McLean agreed to provide a further update in due course. The Committee noted the update provided. NOTED		
b)	**MEDICINES UTILISATION SUBCOMMITTEE**		
	Mr Roy Foot provided an update on behalf of the Medicines Utilisation Subcommittee. Mr Foot reported that work continued to progress guidelines that had expired. He informed members that new utilisation data work was taking place. The Committee noted the update provided. NOTED		

			ACTION BY
c)	**COMMUNICATIONS SUBCOMMITTEE**		
	Mrs Elaine McIvor provided an update on behalf of the Communications Subcommittee. The Subcommittee continued to meet every 4 weeks. Mrs McIvor reported that 2 Steering Group meetings take place per year. The last meeting was held in November. Mrs McIvor reported that change to processes were agreed and a checklist would now be used when a blog was submitted. The Committee noted that a survey for authors on the process would be circulated in due course. This would be promoted through Medicines Updates and specific groups would be targeted. Other areas that would be considered included improving engagement with Junior Doctors and evaluation of Medicines Updates. The Committee noted the update provided. <u>NOTED</u>		
d)	**PATIENT GROUP DIRECTIVE SUBCOMMITTEE**		
	As there was no representation from the Patient Group Directive Subcommittee present, this item was deferred to the next meeting. <u>NOTED</u>		
69.	**MEDICINES POLICIES: UNLICENSED MEDICINES POLICY**		
	The Committee considered the paper 'Medicines Policies: Unlicensed Medicines Policy' (Paper No.21/23) presented by Ms Kathrin Greschner. Ms Greschner highlighted two proposed changes to the policy. An addition of information and recommendations on advanced therapy medicinal products (ATMPs) and a small change to the advice on requests from other health boards. The Chair thanked Ms Greschner for the update and invited comments and questions from members. There were no questions raised by the Committee. The Committee were asked to email any comments to Ms Greschner by Friday 24th December 2021. If no further comments were received, the Committee were content to approve the Policy for publication.		

			ACTION BY
	APPROVED		
70.	**MEDICINE ACCESS SCHEME POLICY**		
	The Committee considered the paper 'Guidance for Medicines Access Schemes' (Paper No.21/24) presented by Mr Roy Foot. The Committee noted that the document outlined the principles and guidance notes for medicines access schemes, both schemes for unlicensed medicines and those for medicines that were licensed and either awaiting evaluation by the Scottish Medicines Consortium (SMC) or following acceptance by SMC. Mr Foot asked the Committee to consider the document and provide comments or suggestions via email by Friday 24th December. **NOTED**		All
71.	**ADTC COLLABORATIVE UPDATE**		
	Mr Foot provided a verbal update on the ADTC Collaborative. Mr Foot reported that the ADTC Collaborative discussed a NICE MTA, Primary Rebate Schemes (one applying to Stoma products), the Yellow Card Scheme and a PGD Network across Scotland. The Scottish Government also provided a brief overview of ongoing work. Mr Foot reported that an ADTCC Forum was held in November. The Forum discussed medicines not recommended for use and non-submissions and managing variations between Boards. All members were supportive of national guidance. The Scottish Government would take this forward and develop as part of a national framework. The Committee noted that discussions were being held regarding creation of a National Prison Formulary, however challenges regarding prescribing on liberation were noted. The Chair thanked Mr Foot for the update and invited comments and question from members. There were no questions noted. NOTED		

			ACTION BY
72.	**YELLOW CARD SCOTLAND ANNUAL REPORT 2020/21**		
	The Committee considered the paper 'Yellow Card Scotland Annual Report 2020/21' [Paper No.21/25] presented by Mr Alister MacLaren. The report highlighted that most Yellow Card reports in Scotland in 2020/2021 were for COVID-19 vaccines. The report highlighted that vaccines always generated significant reports and excluding COVID-19 vaccine they were still two of the top 5 reported medicines in the report. Mr MacLaren highlighted that there was a drop of 16% in non COVID vaccine reports. Mr MacLaren reported that Healthcare Professionals accounted for the majority of the total reports in Scotland. The Committee noted that reporting from patient groups remained stable during the pandemic. Mr MacLaren highlighted that the position for NHSGGC had remained similar to previous reports. Mr MacLaren reported that the top reported non COVID medicines included new cystic fibrosis drugs, influenza vaccine and Edoxaban. The Committee noted that the Safer Use of Medicines Subcommittee were going to discuss learning modules for ADR and Yellow Card. The Committee suggested that some work could take place to promote the Yellow Card Scheme. Mrs McIvor suggested a Medicines Update. A slot on grand rounds was also suggested. The Committee noted that contact would be made with Yvonne Semple and Simon Maxwell for further discussions. The Chair thanked Mr MacLaren for the update and invited comments and question from members. There were no questions noted. <u>NOTED</u>		
73.	**HEPMA PROGRESS UPDATE**		
	The Committee noted the paper 'HEPMA Progress Update' [Paper No. 21/26]. The paper provided an update on the roll out of the programme. <u>NOTED</u>		

			ACTION BY
74.	**MHRA VALPROATE RECOMMENDATIONS**		
	The Committee considered the paper 'MHRA Valproate Recommendations' [Paper No. 21/27] presented by Mrs Mairi-Anne McLean. Mrs McLean reported that the NHSGGC Valproate Safety Stakeholders Group had reconvened to continue to review and seek ways to further support clinicians to comply with the Valproate regulatory measures from MHRA. Mental Health, Neurology and Primary Care had proactively audited patients who fell within the MHRA recommendations. Audits in all of these areas found that documentation and recording of adhering to guidance could be improved. A national information gathering exercise which included a response from NHSGGC was held in August by ADTC Collaborative. This exercise will form part of an update by ADTC Collaborative to the Scottish Government Sodium Valproate Advisory Group. The NHSGGC Valproate Safety Stakeholders Group had proposed some additions to their current Valproate Safety Action Plan. After discussion the Committee agreed that the outcome of ongoing national work should be awaited before doing so. Mrs McLean would provide further updates to the Committee in due course. <u>NOTED</u>		
75.	**AOCB**		
	The Chair noted the formal resignation of Dr Fergus McLean, GP, from the Committee. The Chair thanked Dr McLean for his valued input to the Committee and the Formulary and New Drugs Subcommittee in the past. The Chair informed members that Mrs Alison Campbell, Public Health Pharmacist was retiring from the organisation. Mrs Campbell had been a valued member of the Committee for a number of years. The Chair congratulated Mrs Campbell on her retirement and thanked Mrs Campbell for her commitment and valued input to the Area Drugs and Therapeutics Committee and its Subcommittees.		

			ACTION BY
	NOTED		
76.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday 21 February 2022, at 2pm, via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **13/12/2021**

Amikacin

SMC2432

Arikayce® liposomal nebuliser

Indication:

Treatment of non-tuberculous mycobacterial (NTM) lung infections caused by Mycobacterium avium Complex (MAC) in adults with limited treatment options who do not have cystic fibrosis.

ADTC Discussion points

A new liposomal nebulised formulation of amikacin for very specific lung infections.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only.

Bimekizumab

SMC2410

Bimzelx® sub-cut injection

Indication:

Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy

ADTC Discussion points

A new biologic option for psoriasis and considered to be of benefit due to the minor difference in mechanism of action (Th17 pathway inhibition). Expected to be incorporated into the local guidelines.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with local guidelines in patients with moderate to severe psoriasis who have failed to respond to standard systemic therapies, are intolerant to, or have a contra-indication to these treatments.

Buprenorphine

SMC2372

Sixmo® implant

Indication:

for substitution treatment for opioid dependence in clinically stable adult patients who require no more than 8 mg/day of sublingual buprenorphine, within a framework of medical, social and psychological treatment.

ADTC Discussion points

A new implant formulation of buprenorphine which releases over a period of 6 months. Requires appropriately trained staff to insert. Clinicians consider dose to be sub-therapeutic for many patients

ADTC Decision:

Not routinely available as local clinical experts do not wish to add the medicine to the Formulary at this time or there is a local preference for alternative medicine(s)

Local restrictions on use:

Tirbanibulin

SMC2395

Klisyri® ointment

Indication:

field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults.

ADTC Discussion points

An additional topical treatment for actinic keratosis affecting the face and scalp. The main benefit is with regard to the course of treatment only being 5 days. ADTC agreed that this product would be suitable for prescribing by GPs

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Olopatadine with Mometasone

SMC2418

Ryaltris® nasal spray

Indication:

in adults and adolescents 12 years of age and older for the treatment of moderate to severe nasal symptoms associated with allergic rhinitis.

ADTC Discussion points

Another combination at a similar cost to existing Formulary combination alternative (Dymista).

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation for use where monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient

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Atezolizumab

SMC2379

Tecentriq® infusion

Indication:

Monotherapy for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumours have a PD-L1 expression ≥50% tumour cells (TC) or ≥10% tumour-infiltrating immune cells (IC) and who do not have epidermal growth factor receptor (EGFR) mutant or anaplastic lymphoma kinase (ALK)-positive NSCLC.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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

SMC2387

Imbruvica® tablets

Indication:

As a single agent for the treatment of adult patients with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy, or in first-line treatment for patients unsuitable for chemo-immunotherapy.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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 at least one prior therapy.

Nivolumab

SMC2394

Opdivo® infusion

Indication:

in combination with ipilimumab for the treatment of adult patients with mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer after prior fluoropyrimidine-based combination chemotherapy.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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)

Olaparib

SMC2368

Lynparza® tablets

Indication:

In combination with bevacizumab for the maintenance treatment of adult patients with advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy in combination with bevacizumab and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either a BRCA1/2 mutation and/or genomic instability.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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)

Osimertinib

SMC2383

Tagrisso® tablets

Indication:

Monotherapy for the adjuvant treatment after complete tumour resection in adult patients with stage IB-IIIA non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions (Ex19del) or exon 21 (L858R) substitution mutations.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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) and subject to a three-year clinical stopping rule.

Pembrolizumab

SMC2380

Keytruda® infusion

Indication:

Monotherapy for the treatment of adult and paediatric patients aged 3 years and older with relapsed or refractory classical Hodgkin lymphoma who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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) and subject to a two-year stopping rule.

Anakinra

SMC2449

Kineret® injection

Indication:

Treatment of Familial Mediterranean Fever (FMF). Kineret should be given in combination with colchicine, if appropriate.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Asfotase alfa

SMC2433

Strensiq® injection

Indication:

Long-term enzyme replacement therapy in patients with paediatric-onset hypophosphatasia to treat the bone manifestations of the disease

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Durvalumab

SMC2434

Imfinzi® infusion

Indication:

In combination with etoposide and either carboplatin or cisplatin for the first-line treatment of adults with extensive-stage small cell lung cancer.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Nitisinone

SMC2450

Orfadin® capsules

Indication:

Treatment of adult patients with alkaptonuria (AKU).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Olaparib

SMC2436

Lynparza® tablets

Indication:

Monotherapy for the treatment of adult patients with germline BRCA1/2-mutations, who have HER2 negative locally advanced or metastatic breast cancer. Patients should have previously been treated with an anthracycline and a taxane in the (neo)adjuvant or metastatic setting unless patients were not suitable for these treatments.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Olaparib

SMC2435

Lynparza® tablets

Indication:

Monotherapy for the maintenance treatment of adult patients with germline BRCA1/2-mutations who have metastatic adenocarcinoma of the pancreas and have not progressed after a minimum of 16 weeks of platinum treatment within a first-line chemotherapy regimen.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Sebelipase alfa

SMC2437

Kanuma® infusion

Indication:

Long-term enzyme replacement therapy (ERT) in patients of all ages with lysosomal acid lipase (LAL) deficiency

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Selpercatinib

SMC2371

Retsevmo® capsules

Indication:

Monotherapy for the treatment of adults with advanced RET fusion-positive non-small cell lung cancer (NSCLC) who require systemic therapy following prior treatment with immunotherapy and/or platinum-based chemotherapy

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Tafamidis

SMC2426

Vyndaqel® capsules

Indication:

for the treatment of wild-type and hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Indication:

Treatment of moderate arthritis after conventional DMARDs have failed.

ADTC Discussion points

This NICE MTA has been endorsed for use within NHSScotland and effectively allows the named agents to be used for moderate arthritis, as opposed to previous SMC advice restricting use to severe disease.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with local guidelines.

Ponesimod

SMC2384

Ponvory® tablets

Indication:

Treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.

ADTC Discussion points

This is an additional treatment choice in this class of agent. Clinicians will add to clinical guideline and Formulary inclusion has been deferred to allow this to be completed.

ADTC Decision:

28/02/2022

Local restrictions on use:
