ADTC(M) 22/05
Minutes 46 - 54

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Drugs and Therapeutics Committee held on Monday 12 December 2022 at 2.00pm via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Ms Yvonne Clark	Ms Aileen Muir
Mr Roy Foot	Dr Raymund White
Dr Mark Fawcett	Mrs Janice Watt
Dr Gordon Forrest	Prof Gerry McKay
Dr Kay McAllister	Mrs Mairi-Anne McLean
Mr Alister MacLaren	Ms Fiona Thomson

IN ATTENDANCE

Mrs Louise Russell	..	Interim Secretariat Manager (Minute)

			ACTION BY
46.	**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**		
47.	**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 Dr Roger Hardman, Dr Maureen Byrne, Mrs Elaine McIvor, Dr Stefanie Lip, Dr Beth White, Dr Judith Simpson and Ms Audrey Thompson. **NOTED**		
48.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday 10 October 2022 [Paper No. ADTC(M)22/04] and were content to accept this as an accurate record. **APPROVED**		
49.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
50.	**NEW MEDICINES FOR CONSIDERATION**		
(1)	**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.*		
51.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Safer Use of Medicines Subcommittee**		
	Mr Alastair MacLaren presented the paper 'Safer Use of Medicines Subcommittee Six Month Report' [Paper22/21]. The Committee noted the update report which provided a summary of the work undertaken by the Subcommittee over the last six months.		

			ACTION BY
	Mr MacLaren reported that a NHSGGC Safer Use of Medicines Activities Log had been developed in response to the Safer Use of Medicines Strategic Framework. The activities log would be used to provide visibility and assurance across the Board via Clinical Governance structures and would identify any gaps. The Committee noted that the log had still to be finalised. The Subcommittee continued to receive regular HEPMA updates during the reporting period. It was noted that the use of Medicines Reconciliation in clinical portal remained variable. A group had been identified to assess improvement options. Mr MacLaren reported that quality work remained ongoing. The NHSGGC Safe and Secure Handling of Medicines Policy had been separated into an overarching policy with standalone chapters. The Committee noted that there remained a focus on Valproate prescribing. A copy of a report submitted to the Board Clinical Governance Forum was included in the papers, which highlighted the progress being made. Implementation by specialties continued to be monitored by Mental Health, Acute and Regional Services Clinical Governance Groups. The Subcommittee supported a proposal from Clyde Safer Use of Medicines to mandate staff diabetes training via LearnPro due to this being a high risk area for insulin incidents. The proposal was due to be submitted to the Board Clinical Governance Forum for final approval. An Acute Division Medicines Safety bulletin had been produced and would be issues quarterly. Key safety messages would continue to be included in Medicines Update blogs. Work was in progress to develop an aide memoir to accompany dissemination of the NPSA Steroid Emergency Card. The Committee were content to note the update provided. **NOTED**		
	ADTC SUBCOMMITTEE UPDATES		
b)	**Medicines Utilisation Subcommittee**		

			ACTION BY
	Dr Raymund White reported that a number of guidelines and Formulary Appeals were considered at the last meeting in November 2022. The next meeting was scheduled to take place on 25th January 2023. The Committee noted the update provided. **NOTED**		
c)	**Prescribing Interface Subcommittee**		
	No specific update. **NOTED**		
d)	**Non-Medicines Utilisation Subcommittee**		
	Ms Mairi-Anne McLean informed the Committee that the Wound Formulary had been finalised and minor amendments had been made to other Formularies. The Committee noted the update provided. **NOTED**		
e)	**Communications Subcommittee**		
	No specific update. **NOTED**		
	PROGRESS UPDATES		
52.	**HEPMA PROGRESS REPORT**		
	The Committee noted the HEPMA progress report [Paper 22/22] submitted for awareness. **NOTED**		
53.	**AOCB**		

			ACTION BY
	The Committee considered the IPTR and IPTR Policies submitted for approval following a minor refresh. The Committee noted the statement that had been added to the document to align with the PACS2 Policy. Following consideration, the Committee were content to approve the policies. The Committee noted that the 2023/24 meeting dates had been finalised. The Secretary agreed to circulate a copy of the dates. The Chair noted that the membership and areas represented would need revised. The Chair agreed to discuss this further with the ADTC Secretary. No further items of business were raised, therefore the Chair thanked those present for attending and closed the meeting. **NOTED**		Secretary Chair/ Yvonne Clark
54.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday 20 February 2023, at 2pm, via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **12/12/2022**

Belimumab

SMC2477

Benlysta® infusion

Indication:

Add-on therapy in patients aged 5 years and older with active, autoantibody-positive systemic lupus erythematosus (SLE) with a high degree of disease activity (e.g., positive anti-dsDNA and low complement) despite standard therapy.

ADTC Discussion points

This medicine is formulary already for SLE, but this resubmission is for use as add-on therapy. This SMC advice relates to the IV infusion.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to pecialist use in adults with evidence for at least one marker of serological disease activity (low complement, positive anti-dsDNA) and a Safety of Estrogens in Lupus Erythematosus National Assessment-Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score ≥10.

Brolucizumab

SMC2508

Beovu® injection

Indication:

In adults for the treatment of visual impairment due to diabetic macular oedema.

ADTC Discussion points

Local clinicians consider this likely to be a second-line agent for this indication.

ADTC Decision:

Routinely available in line with local or regional guidance

12/12/2022

Local restrictions on use:

Restricted to specialist use as a second-line agent for the treatment of visual impairment due to diabetic macular oedema in adults with best corrected visual acuity 75 Early Treatment Diabetic Retinopathy Study letters or less at baseline.

Faricimab

SMC2499

Vabysmo® injection

Indication:

Treatment of adult patients with visual impairment due to diabetic macular oedema (DMO)

ADTC Discussion points

First of two indications for this new medicine. Faricimab considered by local experts to potentially become the first-line treatment for new patients, displacing aflibercept rather than ranibizumab.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use for the treatment of visual impairment due to DMO in adults with best corrected visual acuity (BCVA) of 75 Early Treatment Diabetic Retinopathy Study (ETDRS) letters or less at baseline.

Finerenone

SMC2486

Kerendia® tablet

Indication:

Treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.

ADTC Discussion points

Local clinicians suggest that this would be used in patients who are unsuitable for SGLT2 inhibitors. Small patient number expected.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Upadacitinib

SMC2480

Rinvoq® tablet

Indication:

Treatment of active ankylosing spondylitis (AS) in adult patients who have responded inadequately to conventional therapy.

ADTC Discussion points

New indication for this JAK inhibitor and enthusiam for inclusion in Formulary from local clinical experts. Will be incorporated into existing clinical guidelines

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Retricted to specialist use in accordance with local guidelines

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Upadacitinib

SMC2495

Rinvoq® tablet

Indication:

Treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Upadacitinib may be used as monotherapy or in combination with methotrexate.

ADTC Discussion points

This medicine is already on Formulary for severe RA and this resubmission allows for use in moderate disease. To be included in updated 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 adults with moderate disease (a disease activity score [DAS28] of 3.2 to 5.1) when intensive therapy with 2 or more conventional DMARDs has not controlled the disease well enough.

Belimumab

SMC2530

Benlysta® pre-filled pen/ syringe

Indication:

Add-on therapy in adult patients with active, autoantibody-positive systemic lupus erythematosus (SLE) with a high degree of disease activity (e.g. positive anti-dsDNA and low complement) despite standard therapy.

ADTC Discussion points

This is a new pre-filled sub-cut injection presentaiton and relates to the SMC advice for the infusion preparation considered at this meeting also. The SC injection is considered to be of benefit in terms of service and patient convenience.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in adults with evidence for at least one marker of serological disease activity (low complement, positive anti-dsDNA) and a Safety of Estrogens in Lupus Erythematosus National Assessment-Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score ≥10.

Buprenorphine with Naloxone

SMC2123

Zubsolv® sublingual tablet

Indication:

Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. Treatment is intended for use in adults and adolescents over 15 years of age who have agreed to be treated for addiction.

ADTC Discussion points

Local clinical experts do not see a role for this new preparation at this point. Alternative buprenorphine sublingual preparations are available.

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:

Faricimab

SMC2512

Vabysmo® injection

Indication:

Treatment of adult patients with neovascular (wet) age-related macular degeneration (nAMD).

ADTC Discussion points

Faricimab considered by local experts to potentially become the first-line treatment for new patients, displacing aflibercept rather than ranibizumab.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Levofloxacin with Dexamethasone

SMC2511

Ducressa® eye drops

Indication:

Prevention and treatment of inflammation, and prevention of infection associated with cataract surgery in adults. Consideration should be given to official guidance on the appropriate use of antibacterial agents.

ADTC Discussion points

May have limited use in patients who are unable to receive chloramphenicol. Not expected to displace existing treatments.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Micronised Progesterone

SMC2529

Utrogestan® capsule

Indication:

Adjunctive use with oestrogen in post-menopausal women with an intact uterus, as hormone replacement therapy (HRT).

ADTC Discussion points

Noted that this preparation is commonly requested and already widely used in practice.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Sodium zirconium cyclosilicate

SMC2515

Lokelma® suspension

Indication:

Treatment of hyperkalaemia in adult patients

ADTC Discussion points

Local guidance is to be updated to include this therapeutic option.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

restricted to specialist use in the emergency care setting for the treatment of acute, life-threatening hyperkalaemia alongside standard care.

Abemaciclib

SMC2494

Verzenios® tablets

Indication:

in combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

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)

Asciminib

SMC2482

Scemblix® tablet

Indication:

Treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP), previously treated with two or more tyrosine kinase inhibitors (TKIs), and without a known T315I mutation.

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)

Zanubrutinib

SMC2528

Brukinsa® capsule

Indication:

Monotherapy 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)

Esketamine

SMC2539

Spravato® nasal spray

Indication:

Co-administered with oral antidepressant therapy, in adults with a moderate to severe episode of Major Depressive Disorder, as acute short-term treatment, for the rapid reduction of depressive symptoms, which according to clinical judgement constitute a psychiatric emergency.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Venetoclax

SMC2509

Venclyxto® tablet

Indication:

In combination with low-dose cytarabine for the treatment of adult patients with newly-diagnosed acute myeloid leukaemia (AML) who are ineligible for intensive chemotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Alpelisib

SMC2481

Piqray® tablets

Indication:

In combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with a PIK3CA mutation after disease progression following endocrine-based therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:
