ADTC (M) 24/01
Minutes 01 - 11

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 19 February 2024 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Katie Adair	Kay McAllister
Ronnie Burns	Marie-Anne McLean
Yvonne Clark	Ishtiaq Mohammed
Alex Crighton	Elaine Paton
Brian Digby	Faria Qureshi
Noreen Downes	Helen Smith
Ysobel Gourlay	Fiona Thomson
Roger Hardman	Amit Verma
Chris Jones	Andrew Walker
Peter Kewin	Janice Watt

IN ATTENDANCE

Bea Watson	Secretariat(Minute)

			ACTION BY
1.	**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**		
2.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the February meeting of the Area Drugs and Therapeutics Committee.		

			ACTION BY
	Apologies for absence were noted on behalf of Gerard McKay **NOTED**		
3.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday, 11th December 2023 [ADTC(M)23/06] and were content to accept these as an accurate record of the meeting. **APPROVED**		
4.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
5.	**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.* **NOTED**		
(2)	**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. No declarations of interest were made. *See Appendix 1 for summarised decisions.* **NOTED**		
6.	**SUPPLY OF MEDICINES POLICY UPDATE**		

			ACTION BY
	Andrew Walker presented the 'Supply of Medicines Policy Update' paper. The update addressed the access to prescriptions within mental health following a specialist review. The previous version of the Policy stated that the non-urgent prescriptions issued by a specialist should be made available to the patient within 48-72 hours by their GP however this was impractical for many practices and had been changed to 'as per local practice policy' wording. The advice for urgent prescriptions was amended to include a requirement for a direct contact number to the prescriber to be given for GPs to be able to discuss the nature of the urgency etc. The Committee discussed and proposed some amendments to the template request form provided with the paper. There was also a discussion regarding realistic timings for urgent requests, as well as, a discussion regarding consultant clinicians being able to prescribe independently. The Committee were advised that current paper based prescribing carried a significant governance and medicine reconciliation risks. Proposed solutions also included small emergency packs of most commonly prescribed urgent medication to be available to patients who need them urgently, however this presented some practical challenges. The Committee were content to approve the changes outlined within the paper. **APPROVED**		
7.	**ADTC SUBCOMMITTEE UPDATES**		
a)	**Patient Group Direction Scottish Vaccination and Immunisation Programme SBAR** Elaine Paton presented the 'National clinical governance advice on inclusion criteria for vaccination under PGD' SBAR paper. The Committee were advised that some patients were presenting with a vaccination letters which was issued based on historical conditions which are no longer present but cannot be removed		

			ACTION BY
	from the patient records due to coding. Current advice from Scottish Vaccination and Immunisation Programme (SVIP) was that in these circumstances, if there are no clinical contradictions, vaccination should proceed. However NHSGGC Public Health Protection Unit (PHPU) do not agree with this interpretation and believe that this practice would not meet the legal requirements under PGDs. ADTC were approached to support that position. The Committee discussed the patient experience of being refused the vaccination at the point when they attend the appointment and whether there was a way to diminish the impact on patients. There was also a discussion regarding the coding and how in certain circumstances it was the source of vaccination letters being issued when the health condition that would make the person eligible for the vaccination was no longer present. It was recognised that there were no plans to make any changes to the current coding systems in relation to this issue. The Committee noted that other health boards in Scotland had mixed responses to this however a response would be issued via Immunisation Coordinator Group. The Committee were content to note. **NOTED**		
b)	**Prescribing Interface Update** There were no new updates from prescribing interface group. **NOTED**		
c)	**Medicines Utilisation Update** Amit Verma provided a verbal update on medicines utilisation. The Committee noted that there was a query regarding a medicines appeal for Metformin modified release from diabetologists. The appeal was to make an MR form first line for treatment which was against the historical SMC advice. The Committee were asked to discuss this in context of a process for a similar appeal processes against historical SMC advice for medications which were unlikely to be considered again by the SMC. Ishtiaq Mohammed advised that there was a draft advice document being worked on which could be brought to the ADTC collaborative group for further discussion.		

			ACTION BY
	NOTED		
d)	**Non-Medicines Utilisation Update** There were no new updates from non-medicines utilisation group. **NOTED**		
e)	**Antimicrobial Subcommittee** Ysobel Gourlay provided an update from Antimicrobial Subcommittee. The ADTC noted that there was a presentation on resistance data for the Greater Glasgow and Clyde for common antibiotics. The Committee were advised that after the data had been analysed there were no recommendations for any changes to infection management guidelines. The Committee also noted that there was an extensive discussion regarding 7 Surgical Prophylaxis Guidelines. There were some changes proposed to replace Ciprofloxacin for IV co-trimoxazole, due to MHRA fluoroquinolones warning, in a couple of the guidelines. Additionally there were discussions regarding some updates made to the following guidelines: clindamycin, daptomycin, CDI and rifaximin. The Committee were advised that SAB rates were decreasing in GGC. Use of IV antibiotics had also decreased slightly which could be related to a fall in SAB infections. The Committee were content to note. **NOTED**		
f)	**Safer Use of Medicines** There was no update from the Safer Use of Medicines use as Gerard McKay sent his apologies. **NOTED**		
g)	**Communications Subcommittee** There was no update from Communication Subcommittee. **NOTED**		
8.	**HEPMA PROGRESS REPORT**		

			ACTION BY
	There was no update on HEPMA. Janice Watts advised that a written report will come to the next meeting of the ADTC. **NOTED**		
9.	**ADTC Collaborative Update**		
	Helen Smith advised that there was no new updates from the ADTC Collaborative as there had not been a meeting since the last ADTC meeting. **NOTED**		
10.	**AOCB**		
	The Chair invited members to raise any other competent business. There were no matters raised. The Chair thanked those present for participating in the discussions and closed the meeting. **NOTED**		
11.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday, 22nd April 2024, 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **19/02/2024**

burosumab

SMC2588

Crysvita®

Indication:

Treatment of X-linked hypophosphataemia in children and adolescents aged 1 to 17 years with radiographic evidence of bone disease.

ADTC Discussion points

This is the final assessment of previous Ultra Orphan submission SMC2240 (Feb 2020) for children and adolescents. The additional real-world data provided demonstrates clinical benefit. It is available via the national risk share scheme.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

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difelikefalin

SMC2623

Kapruvia®

Indication:

Treatment of moderate-to-severe pruritus associated with chronic kidney disease in adult patients on haemodialysis

ADTC Discussion points

Only medicine licensed for this indication. Expert expects small patient number with intractable itch on dialysis. Given as an IV bolus injection 3 times a week at the end of the haemodialysis treatment.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted for use in patients with an inadequate response to best supportive care for reducing itch.

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dupilumab

SMC2598

Dupixent®

Indication:

Treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy.

ADTC Discussion points

It is the only systemic therapy licensed for this condition. Positive expert response who consider it would be used after existing therapies (topical, phototherapy, immunosuppression agents) have been tried. Anticipated patient numbers by experts higher than SMC estimates.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Routinely available in line with SMC advice.

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secukinumab

SMC2592

Cosentyx®

Indication:

Treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adults with an inadequate response to conventional systemic HS therapy.

ADTC Discussion points

Second line treatment after apalimumib. Replace infliximab (used off label). GGC anticipated patient numbers higher than the SMC estimates.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted for use in adult patients with active moderate to severe HS for whom adalimumab is contraindicated or otherwise unsuitable, including those who have failed to respond or have lost response to prior adalimumab treatment.

Nivolumab

NCMAG106

Indication:

Pleural or peritoneal mesothelioma; second or subsequent line in patients whose disease has progressed on or after platinum-based chemotherapy

ADTC Discussion points

Referred to RCAG for protocol development.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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sunitinib

NCMAG111

Indication:

Sunitinib as second line treatment of poor or intermediate risk advanced/metastatic renal cell carcinoma in patients who have received nivolumab in combination with ipilimumab as first line treatment.

ADTC Discussion points

Accepted on to GGC Formulary in line with regional protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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trastuzumab deruxtecan

SMC2608

Enhertu®

Indication:

As monotherapy for the treatment of adult patients with unresectable or metastatic HER2-low breast cancer who have received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.

ADTC Discussion points

Referred to RCAG for protocol development

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

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axicabtagene ciloleucel

SMC2646

Yescarta®

Indication:

Treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after three or more lines of systemic therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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ravulizumab

SMC2658

Ultomiris®

Indication:

treatment of adult patients with neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin 4 (AQP4) antibody-positive

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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ravulizumab

SMC2657

Ultomiris®

Indication:

Add-on to standard therapy for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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setmelanotide

SMC2647

Imcivree®

Indication:

Treatment of obesity and the control of hunger associated with genetically confirmed Bardet-Biedl syndrome (BBS) in adults and children 6 years of age and above.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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belantamab mafodotin

SMC2597

Blenrep®

Indication:

Monotherapy for the treatment of multiple myeloma in adult patients, who have received at least four prior therapies and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and an anti-CD38 monoclonal antibody, 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:

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cabozantinib

SMC2590

Cabometyx®

Indication:

Monotherapy for the treatment of adult patients with locally advanced or metastatic differentiated thyroid carcinoma (DTC), refractory or not eligible to radioactive iodine (RAI) who have progressed during or after prior systemic therapy

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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pazopanib

NCMAG112

Indication:

Second line treatment of poor or intermediate risk advanced/metastatic renal cell carcinoma in patients who have received nivolumab in combination with ipilimumab as first line treatment

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Brexucabtagene autoleucel

SMC2548

Tecartus®

Indication:

Treatment of adult patients 26 years of age and above with relapsed or refractory B-cell precursor acute lymphoblastic leukaemia (ALL).

ADTC Discussion points

This is a new advanced therapy medicinal product (ATMP). It is delivered as part of a national specialist service.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only as part of the national specialist service.

Loncastuximab tesirine

SMC2609

Zynlonta®

Indication:

monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy

ADTC Discussion points

For discussion at next Regional Cancer Care Meeting

ADTC Decision:

22/04/2024

Local restrictions on use:

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pembrolizumab

SMC2589

Keytruda®

Indication:

As monotherapy for adults with microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer in the following settings:
- treatment of unresectable or metastatic colorectal cancer after previous fluoropyrimidine-based combination therapy.

As monotherapy for the treatment of the following MSI-H or dMMR tumours in adults with:
- advanced or recurrent endometrial carcinoma, who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation;
- unresectable or metastatic gastric, small intestine, or biliary cancer, who have disease progression on or following at least one prior therapy.

ADTC Discussion points

For discussion at next Regional Cancer Care Meeting for all of the SMC submission indications except for advanced or recurrent endometrial carcinoma as experts do not support its use.

ADTC Decision:

22/04/2024

Local restrictions on use:
