ADTC(M) 21/04
Minutes 45 - 59

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Drugs and Therapeutics Committee held on Monday 18 October 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 Janice Watt
Dr Gordon Forrest	Ms Lynne Watret
Dr Mohammed Khan	Dr Raymund White

IN ATTENDANCE

Mrs Geraldine Mathew	..	Secretariat Manager (Minute)

			ACTION BY
45.	**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. <u>NOTED</u>		
46.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the October Meeting of the Area Drugs and Therapeutics Committee.		

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	Apologies for absence were intimated on behalf of Ms Judith Simpson, Dr Beth White, Dr Roger Hardman, Dr Fergus MacLean, Professor Gerard McKay, Mr Rob Puckett, Ms Mairi-Anne McLean, and Mr Craig Harrow. NOTED		
47.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday 9 August 2021 [Paper No. ADTC(M)21/03] and were content to accept this as an accurate record, subject to the following amendments: Mr Foot highlighted that the Summary of Decisions was not appended to the minute. Mr Foot would send this to the Secretary to append to the minute and re-circulate for completeness. APPROVED		Secretary
48.	**MATTERS ARISING**		
	There were no matters arising. NOTED		
49.	**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.*		
50.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Non-Medicines Utilisation Subcommittee Six Monthly Report**		

			ACTION BY
	The Committee considered the paper 'Non-Medicines Utilisation Subcommittee Six Monthly Report' [Paper No. 21/12], presented by Ms Lynne Watret. Ms Watret was pleased to note recent recruitment of additional representatives to the Subcommittee including a GP, a Diabetic Specialist Nurse and podiatry and stoma representatives. Work continued to identify representatives from key areas including LMC representation and Procurement. She noted good progress in respect of key areas, those being, ongoing update of the formularies and formulary compliance work. The Committee noted the successful updates to the Nutrition Formularies. Ms Watret highlighted that the Subcommittee had recently reduced frequency of meetings, from 6 meetings per year to 4 meetings per year. The Chair thanked Ms Watret for the update and invited comments and questions from members. There were no questions raised. The Committee were content to note the report. NOTED		
51.	**ADTC SUBCOMMITTEE UPDATES**		
a)	**PRESCRIBING INTERFACE SUBCOMMITTEE**		
	As there was no representation from the Prescribing Interface Subcommittee present, this item was deferred to the next meeting. NOTED		Secretary
b)	**SAFER USE OF MEDICINES SUBCOMMITTEE**		
	Mr MacLean advised that the next meeting of the Subcommittee would take place on 19 October 2021, therefore a verbal update would be provided at the next ADTC Meeting in December. NOTED		Secretary
c)	**MEDICINES UTILISATION SUBCOMMITTEE**		
	Dr White advised that the next meeting of the Subcommittee would take place in November, therefore there was no current		

			ACTION BY
	update. There was currently no Practice Development Nurse representative on the Subcommittee, however actions had been taken to engage with Practice Development in order to identify a representative. NOTED		
d)	**COMMUNICATIONS SUBCOMMITTEE**		
	There was no current update. NOTED		
e)	**PATIENT GROUP DIRECTIVE SUBCOMMITTEE**		
	There was no current update. NOTED		
52.	**MEDICINES POLICIES: PEER APPROVED CLINICAL SYSTEM TIER TWO POLICY**		
	The Committee considered the paper 'Peer Approved Clinical System Tier Two Policy' [Paper No. 21/13] presented by Mr Roy Foot. Mr Foot noted that the previous IPTR (Individual Patient Treatment Request) process had expired and a refresh of the policy had taken place with tracked changes included in the document to allow the Committee to see the proposed changes. Discussion took place regarding the Medicines Access Scheme Policy and this would be presented to the December ADTC Meeting for consideration. The Chair thanked Mr Foot for the update and invited comments and questions from members. There were no questions raised and the Committee were content to approve the Policy for publication. APPROVED		Mr Foot/ Secretary
53.	**ADTC COLLABORATIVE UPDATE**		
	Mr Foot provided a verbal update on the ADTC Collaborative. He highlighted the expiration of some medicines on the Early Access to Medicines Scheme (EAMS) which had now received licences.		

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	The use of Botulinum toxin for post stroke spasticity had been raised at the ADTC Forum and Mr Foot had arranged a slot at the next meeting to speak about this, to raise awareness of the issue and to try to resolve this on a national basis. Mr Foot also noted that the Primary Care rebate schemes had been circulated for noting. The Chair thanked Mr Foot for the update and invited comments and question from members. There were no questions noted. The Chair highlighted that a meeting with colleagues from the ADTC Collaborative had been arranged to discuss ways in which the ADTC Collaborative could communicate with and work closer with ADTC's. Dr Muir encouraged members to contact him and Ms Clark with any thoughts and suggestions. <u>NOTED</u>		
54.	**HEPMA PROGRESS UPDATE**		
	The Committee considered the paper 'HEPMA Progress Update' [Paper No. 21/14] presented by Ms Janice Watt. The paper provided an update on the roll out of the programme, which was completed at QEUH, GGH and BOC in August. The roll out at the GRI commenced on the 20 September. Despite concerns about elevated levels of staff absence and COVID-19 infections, implementation has progressed well. Ms Watt noted that the Clinical Reference Group continued to meet and that this group fed into the Safer Use of Medicines Subcommittee. The Chair thanked Ms Watt for the update and invited comments and questions from members. In response to a question regarding the roll out of the programme and if there had been any significant issues of note, Ms Watt advised that there had not been any significant incidents, and that the roll out of the programme has been positive. This reflected the level of support received from eHealth colleagues and Pharmacy Teams. In addition, support from University students to assist with transcription, proved invaluable. Ms Watt highlighted that there were some clinical areas which required more intensive support including the transplant unit, due to the need to carry out rapid dose titration. A question was raised regarding the governance of the programme, and how this was managed. Ms Watt explained that		

			ACTION BY
	an Implementation Group was in place to address communications and day to day challenges, with the Clinical Reference Group overseeing prescribing policy type changes, which were then ratified by the Safer Use of Medicines Subcommittee. The Committee were content to note the report, and the progress made to implement the HEPMA programme. NOTED		
55.	**APPROPRIATE SUPPLY MECHANISM FOR THE MEDICINES AT DISCHARGE PILOT**		
	The Committee considered the paper 'Appropriate Supply Mechanism for the Medicines at Discharge Pilot' [Paper No. 21/15] presented by Ms Janice Watt. The paper provided an overview of progress and described the potential solutions to identify another efficient mechanism that would allow the supply element via Community Pharmacy to continue, given that the pandemic legislation which allowed this to be tested, would not continue indefinitely. Ms Watt highlighted that the first phase of the pilot had been conducted in the North East of Glasgow, and the second phase of the pilot, currently underway involved testing of medicines reconciliation and review. Following review of the options, it was considered that the development of a PGD was the most suitable solution. This was based on the National Unscheduled Care PGD and has now been approved by the PGD Group, and it was hoped that a roll out across NHSGGC and also nationally, would be beneficial. Initial feedback received has been positive, and further work was required to increase awareness and support. The Chair thanked Ms Watt for the update and invited comments and questions from members. In response to a question regarding reconciliation of medicines and how this would work if this was undertaken by the pharmacist attached to an individual GP practice, Ms Watt explained that these types of issues were being considered as part of the testing being undertaken, to ensure that processes were done in the most effective way.		

			ACTION BY
	A question was raised regarding feedback received from patients regarding this, specifically, the Community Pharmacy access of medical records. Ms Watt explained that Community Pharmacy already has access to the Portal. In addition, positive feedback has been received from patients which was one of the key factors in driving this forward. She highlighted that if patients have difficulties getting to Community Pharmacy or if there were other issues, they would be discharged in the normal way. The Committee were content to note the report and the progress being made to consider ways in which this programme could be continued in the most effective way to support patients. <u>NOTED</u>		
56.	**WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUB GROUP – SUMMARY OF ADVICE**		
	The Committee were content to note the West of Scotland Cancer Network Prescribing Advisory Sub Group Summary of Advice [Paper No. 21/16]. <u>NOTED</u>		
57.	**ANNUAL CYCLE OF BUSINESS**		
	The Committee were content to note the Annual Cycle of Business [Paper No. 21/17]. <u>NOTED</u>		
58.	**AOCB**		
	The Chair invited members to raise any other competent business. <u>Sodium Valproate</u> Dr Muir raised a query regarding the summary paper and if the ADTC had responded to this. Mr MacLaren confirmed that a response was submitted. He noted that Ms McLean had followed this up. In respect of GP Practices, an audit was recently carried out and gaps were identified in terms of compliance. For that reason, the short life working group had been re-established and an Action		

			ACTION BY
	Plan for Primary Care was being developed. This would be presented to ADTC, once this had been drafted and reviewed by the Safer Use of Medicines Subcommittee, with the aim to present this to the December meeting. <u>Single National Formulary</u> Dr Forrest queried progress in respect of the Single National Formulary work and what the current position was. Dr Muir confirmed that significant work continued in respect of this and that an update on progress to the ADTC Collaborative was expected in due course. Mr Foot added that regular updates had been received on this and this work had developed to a regional formulary. NHS Lothian, who were leading on the work for the East of Scotland region, had migrated to the new platform at the end of 2020, which incorporated a condition based pathway approach. The West of Scotland region were moving forward with the handbook approach and work continued on this. <u>NOTED</u>		Ms McLean
59.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday 13 December 2021, at 2pm, via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **18/10/2021**

Chloroprocaine hydrochloride

SMC2373

Ampres® injection

Indication:

Spinal anaesthesia in adults where the planned surgical procedure should not exceed 40 minutes.

ADTC Discussion points

Specialists advise the shorter duration and faster time to mobilisation post op would be useful for some day case operations. May displace some short duration general anaesthesia.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use for spinal anaesthesia in day-case anaesthetic pathways.

Empagliflozin

SMC2396

Jardiance® tablets

Indication:

Treatment of adult patients with symptomatic chronic heart failure with reduced ejection fraction.

ADTC Discussion points

Noted that dapagliflozin already on Formulary for this indication. Despite guideline being in progress, there was no requirement to defer formulary addition.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation for the treatment of symptomatic chronic heart failure with reduced ejection fraction in adult patients

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Filgotinib

SMC2365

Jyseleca® tablets

Indication:

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

ADTC Discussion points

SMC assessed this medicine in both severe and moderate disease: is accepted for severe disease only. SMC have not accepted any biologic in the moderate disease population (we await NHS Scotland response to recent NICE MTA which has accepted specific biologics in this population). Noted that guideline will be required to be updated to accommodate this new medicine in due course.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with local guidance (being updated) for use in patients with severe disease (DAS28 greater than 5.1) that has not responded to intensive therapy with a combination of conventional DMARDs and in patients with severe disease inadequately controlled by a TNF antagonist in whom rituximab is not appropriate.

Cabozantinib

SMC2386

Cabometyx® tablets

Indication:

In combination with nivolumab for the first-line treatment of advanced renal cell carcinoma in adults.

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).

Pembrolizumab

SMC2375

Keytruda® infusion

Indication:

Monotherapy for the first-line treatment of metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer in adults.

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). Treatment with pembrolizumab is subject to a two-year clinical stopping rule.

Selpercatinib

SMC2370

Retsevmo® capsules

Indication:

Monotherapy is indicated for the treatment of adults with advanced RET fusion-positive thyroid cancer who require systemic therapy following prior treatment with sorafenib and/or lenvatinib.

ADTC Discussion points

Referred to RCAG for regional protocol development. Testing for this mutation is not routinely available but with small numbers is currently being managed

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). Selpercatinib as monotherapy is indicated for the treatment of adults and adolescents 12 years.

Avapritinib

SMC2424

Ayvakyt® tablets

Indication:

Monotherapy for the treatment of adult patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) harbouring the platelet-derived growth factor receptor alpha (PDGFRA) D842V mutation.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Isatuximab

SMC2423

Sarclisa® infusion

Indication:

In combination with carfilzomib and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Vericiguat

SMC2425

Verquvo® tablets

Indication:

Treatment of symptomatic chronic heart failure in adult patients with reduced ejection fraction who are stabilised after a recent decompensation event requiring IV therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Amikacin

SMC2369

Arikayce® liposomal nebuliser dispersion

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

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Liraglutide

SMC2378

Saxenda® injection

Indication:

as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of:
- ≥30kg/m² (obese), or
- ≥27kg/m² to <30kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (prediabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea.

ADTC Discussion points

Full submission assessed and not recommended (was previosuly a non-submission)

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Mercaptamine

SMC2374

Procysbi® capsules

Indication:

Treatment of proven nephropathic cystinosis

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Bempedoic acid

SMC2363

Nilemdo® tablets

Indication:

Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:
- In combination with a statin, or a statin with other lipid-lowering therapies in patients unable to reach low-density lipoprotein cholesterol (LDL-C) goals with the maximum tolerated dose of a statin or
-Alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contra-indicated.

ADTC Discussion points

ADTC request that the place in therapy be clearly noted in a clinical guideline or protocol prior to Formulary inclusion.

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:

01/02/2022

Local restrictions on use:

Bempedoic acid with Ezetimibe

SMC2406

Nustendi® tablets

Indication:

Treatment of adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:
- in combination with a statin in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin in addition to ezetimibe,
- alone in patients who are either statin-intolerant or for whom a statin is contraindicated, and are unable to reach LDL-C goals with ezetimibe alone
- in patients already being treated with the combination of bempedoic acid and ezetimibe as separate tablets with or without statin.

ADTC Discussion points

ADTC are keen for the Cholesterol Guidelines to be incorporate this preparation and be approved prior to Formulary addition.

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:

31/12/2021

Local restrictions on use:

Cabotegravir

SMC2376

Vocabria® injection

Indication:

In combination with rilpivirine prolonged-release injection, for the treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with agents of the NNRTI and INI class.

ADTC Discussion points

Noted that there are several service and training issues that need resolving to allow the implementation of this medicine.

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:

31/12/2021

Local restrictions on use:

Inclisiran

SMC2358

Leqvio® injection

Indication:

Treatment for adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:
- in combination with a statin or statin with other lipid lowering therapies in patients who are unable to reach LDL-C goals with the maximum tolerated dose of a statin, or
- alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated.

ADTC Discussion points

ADTC request that the place in therapy be clearly noted in a clinical guideline or protocol prior to Formulary inclusion.

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:
01/02/2022

Local restrictions on use:

Olaparib

SMC2366

Lynparza® tablets

Indication:

Monotherapy for the treatment of adult patients with metastatic castration-resistant prostate cancer and BRCA1/2-mutations (germline and/or somatic) who have progressed following prior therapy that included a new hormonal agent

ADTC Discussion points

ADTC have deferred addition to Formulary for this medicine and indication on the basis that the diagnostic testing for BRCA mutations is not routinely available. It was noted that national discussions around resolutions to the availability of such testing were ongoing.

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:
28/02/2022

Local restrictions on use:
