

ADTC(M) 22/01
Minutes 01 - 11

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Drugs and Therapeutics Committee held on Monday 21 February 2022 at 2.00pm via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Dr Maureen Byrne	Mrs Mairi-Anne McLean
Ms Yvonne Clark	Mrs Aileen Muir
Mr Roy Foot	Mrs Audrey Thompson
Dr Gordon Forrest	Ms Lynne Watret
Dr Roger Hardman	Mrs Janice Watt
Mrs Elaine McIvor	Dr Raymund White

IN ATTENDANCE

Mrs Louise Russell	..	Secretariat (Minute)
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			ACTION BY
01.	CHAIR'S STATEMENT		
	<p>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.</p> <p>Members were reminded to make relevant declarations of interest in line with Board policy.</p> <p>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.</p> <p><u>NOTED</u></p>		
02.	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 intimated on behalf of Mr Alister Maclaren and Prof Gerry McKay.		
	The Chair welcomed Dr Maureen Byrne to her first committee meeting. Dr Byrne joined the Committee as a representative for the GP Subcommittee and Local Medical Committee (LMC).		
	<u>NOTED</u>		
03.	MINUTES OF PREVIOUS MEETING		
	The Committee considered the minute of the meeting held on Monday 13 December 2022 [Paper No. ADTC(M)21/05] and were content to accept this as an accurate record.		
	<u>APPROVED</u>		
04.	MATTERS ARISING		
	There were no matters arising.		
	<u>NOTED</u>		
05.	NEW MEDICINES FOR CONSIDERATION		
(1)	<u>REPORT ON SMC PRODUCT ASSESSMENTS</u>		
	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.		
	<i>See Appendix 1 for summarised decisions.</i>		
(2)	WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUBGROUP REPORT		
	The Committee noted the paper 'West of Scotland Cancer Network Prescribing Advisory Subgroup Report' [Paper No.22/02].		
	<u>NOTED</u>		

			ACTION BY
06.	ADTC SUBCOMMITTEE SIX MONTHLY REPORTS		
	<u>PATIENT GROUP DIRECTIVE SUBCOMMITTEE</u>		
	<p>The Committee noted the paper 'Patient Group Directive Six Monthly Report' [Paper No. 22/03].</p> <p>As there was no representation from the Patient Group Directive Subcommittee present, this item was deferred to the next meeting.</p> <p><u>NOTED</u></p>		
07.	ADTC SUBCOMMITTEE UPDATES		
a)	<u>PRESCRIBING INTERFACE SUBCOMMITTEE</u>		
	<p>Dr Hardman provided a verbal update on behalf of the Prescribing Interface Subcommittee.</p> <p>Dr Hardman informed members that the Shared Care agreement for Methotrexate subcutaneous injection in dermatology indications had been approved and was now active.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>		
b)	<u>SAFER USE OF MEDICINES SUBCOMMITTEE</u>		
	<p>As there was no representation from the Safer Use of Medicines Subcommittee present, this item was deferred to the next meeting.</p> <p><u>NOTED</u></p>		
c)	<u>NON-MEDICINES UTILISATION SUBCOMMITTEE</u>		
	<p>Mrs Mairi-Anne McLean informed members that the Non-Medicines Utilisation Subcommittee had not met since the last meeting. The Committee noted that an update would be provided at the next meeting.</p> <p><u>NOTED</u></p>		

			ACTION BY
d)	MEDICINES UTILISATION SUBCOMMITTEE		
	<p>Dr Raymund White provided an update on behalf of the Medicines Utilisation Subcommittee.</p> <p>Dr White informed members that the membership of the subcommittee would change following the retirement of Mrs Alison Campbell and Ms Liz McGovern.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>		
e)	COMMUNICATIONS SUBCOMMITTEE		
	<p>Mrs Elaine Mclvor provided an update on behalf of the Communications Subcommittee.</p> <p>Mrs Mclvor reported that the Subcommittee continued to meet on a 4 weekly basis. Work was ongoing to develop a blog series on Opioid Safety and Insulin Safety. The opioid series would include blogs on safety tips, prescribing, administration and potentially include patient stories. The Committee noted that the opioid series had been adapted from the top safety tips developed in the south sector a few years ago and takes account of common themes from Datix reports in the Clyde sector. Concerns had also been highlighted regarding the support currently available to staff transitioning from University to the Junior Doctor role when prescribing opioids. In response to a question regarding the involvement of Primary Care, Mrs Mclvor reported that although the safety tips were originally developed for the Acute sector, it was recognised that the series would be useful across the Board and therefore Primary Care Pharmacists will be involved in the development. The Committee noted concern from Primary Care colleagues regarding risks of prescribing weak opioids and the need for publicity, for example in areas like drug driving legislation. Mrs Mclvor reported that the series does not specifically cover this, however, was open to discussion on the type of work that would be useful in that area. Mrs Mclvor highlighted that signposting to non-pharmacological therapies could be carried out.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>		Elaine Mclvor/Dr Forrest
f)	ANTIMICROBIAL UTILISATION SUBCOMMITTEE		

			ACTION BY
	As there was no representation from the Antimicrobial Subcommittee present, this item was deferred to the next meeting. <u>NOTED</u>		
08.	ADTC COLLABORATIVE UPDATE		
	<p>Mr Foot provided a verbal update on the ADTC Collaborative.</p> <p>The Committee noted that a SIGN guideline for Buvidal was expected in due course. Currently most often used in Prison service.</p> <p>Mr Foot reported that SMC had released a summarised strategy document. The Secretary would circulate the strategy following the meeting.</p> <p>Mr Foot reported that sapropterin for phenylketonuria (PKU) had been accepted by NICE. The drug had previously been reviewed by SMC and not recommended for use within NHS Scotland. The ADTCC were considering producing a statement for Health Boards to allow use without having to take requests through the non-formulary process.</p> <p>Mr Foot reported that consideration was being given to digital steroid emergency cards.</p> <p>The Committee noted that there was no operational guidance in Scotland for voxelotor as a suitable exit strategy couldn't be agreed with the manufacturer.</p> <p>The Chair thanked Mr Foot for the update and invited comments and question from members.</p> <p>In response to a question regarding whether an update was available on the valproate data gathering exercise, Ms Yvonne Clark agreed to take this action forward for an update.</p> <p><u>NOTED</u></p>		<p>Secretary</p> <p>Yvonne Clark</p>
09.	HEPMA PROGRESS UPDATE		
	<p>The Committee noted the paper 'HEPMA Progress Update' [Paper No. 22/03]. The paper provided an update on the roll out of the programme.</p> <p><u>NOTED</u></p>		

			ACTION BY
10.	AOCB		
	None.		
	<u>NOTED</u>		
11.	DATE OF NEXT SCHEDULED MEETING		
	Monday 25 th April 2022, at 2pm, via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **21/02/2022**

Cannabidiol

SMC2402

Epidyolex® oral solution

Indication:

Use as adjunctive therapy of seizures associated with tuberous sclerosis complex (TSC) for patients 2 years of age and older.

ADTC Discussion points

Most patients are likely to be within paediatrics and this medicine should also be referred to Paediatric DTC for consideration.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use as adjunctive therapy of seizures associated with tuberous sclerosis complex (TSC) is restricted to specialist use.

Cenobamate

SMC2408

Ontozry® tablets

Indication:

Adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least 2 anti-epileptic medicinal products.

ADTC Discussion points

A new antiepileptic which is expected to be used as 3rd or 4th line agent.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation in patients with drug-resistant epilepsy as a second-line adjunctive anti-seizure medicine, after the failure of the first adjunctive anti-seizure medicine.

Risdiplam

SMC2401

Evrysdi® oral solution

Indication:

Treatment of 5q spinal muscular atrophy (SMA) in patients 2 months of age and older, with a clinical diagnosis of SMA type 1, type 2 or type 3 or with one to four SMN2 [survival of motor neuron 2] copies.

ADTC Discussion points

Another treatment option for SMA following on from nusinersen. This medicine is, however, oral as opposed to intrathecal, and is accepted by SMC for type 3 SMA where there are no approved treatment options.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only.

Tralokinumab

SMC2403

Adtralza® pre-filled syringe

Indication:

Treatment of moderate-to-severe atopic dermatitis in adult patients who are candidates for systemic therapy.

ADTC Discussion points

An additional treatment option for atopic dermatitis, Local experts suggest that dupilumab may remain first choice for the moment.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use for the treatment of moderate-to-severe atopic dermatitis in adult patients who have had an inadequate response to an existing systemic immunosuppressant such as ciclosporin, or in whom such treatment is considered unsuitable.

Budesonide

SMC 2448

Cortiment® MR tablet

Indication:

Induction of remission in patients with active microscopic colitis

ADTC Discussion points

A new formulation of budesonide that may reduce pill burden for patients at a similar cost to alternative preparations.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Diroximel fumarate

SMC2444

Vumerity® capsule

Indication:

Treatment of adult patients with relapsing remitting multiple sclerosis.

ADTC Discussion points

A new MS treatment in the same class as dimethyl fumarate and likely to be used initially in those patients who fail to tolerate dimethyl fumarate. Local clinical experts intend to add this to the existing guideline.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with local guidelines.

Opicapone

SMC2430

Ongentys® capsules

Indication:

As adjunctive therapy to preparations of levodopa/DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on those combinations

ADTC Discussion points

A new adjunctive treatment option for Parkinson's disease in the same area of the treatment pathway as entacapone.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Enzalutamide

SMC2400

Xtandi® tablets

Indication:

Treatment of adults with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy (ADT)

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).

Nivolumab

SMC2385

Opdivo® infusion

Indication:

In combination with ipilimumab for the first-line treatment of adult patients with unresectable malignant pleural mesothelioma (MPM).

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

SMC2382

Tagrisso® tablet

Indication:

As monotherapy for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) 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)

Pemigatinib

SMC2399

Pemazyre® tablets

Indication:

Treatment of adults with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.

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)

Trastuzumab deruxtecan

SMC2388

Enhertu® infusion

Indication:

As monotherapy for the treatment of adult patients with unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-positive breast cancer who have received two or more prior anti-HER2-based regimens.

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)

Tucatinib

SMC2398

Tukysa® tablets

Indication:

In combination with trastuzumab and capecitabine for the treatment of adult patients with HER2-positive locally advanced or metastatic breast cancer who have received at least two prior anti-HER2 treatment regimens.

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)

Eculizumab

SMC2456

Soliris® infusion

Indication:

Treatment of adults with neuromyelitis optica spectrum disorder in patients who are anti-aquaporin-4 antibody-positive with a relapsing course of the disease

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Nivolumab

SMC2397

Opdivo® infusion

Indication:

In combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of metastatic non-small cell lung cancer in adults whose tumours have no sensitising EGFR mutation or ALK translocation.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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

Previously deferred due to lack of routine testing nationally, a temporary solution has been implemented, and subsequently the medicine has now been incorporated into regional protocols.

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:

Restricted to specialist use in accordance with regional protocol.
