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NHSGG&C(M) 20/02
Minutes: 15 - 29

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held via Microsoft Teams
on Monday 6th July 2020

PRESENT

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Alison Campbell
Ms Yvonne Clark	Dr Gordon Forrest
Mrs Janice Watt	Ms Fiona Thomson
Ms Gail Caldwell	Mrs Linda Hillan
Dr Raymund White	Ms Lynne Watret
Alex Crighton	Dr Roger Hardman
Mrs Audrey Thompson	Dr Fergus Maclean
Dr Craig Harrow	Dr Mohammed Khan
Prof Gerry McKay	Ms Mairi-Anne MacLean
Dr Judith Simpson	

IN ATTENDANCE

Mrs Louise Russell	..	Secretariat

			ACTION BY
15.	**CHAIRMAN'S STATEMENT**		
	The Chair reminded members that papers and proceedings relating to SMC advice were, in some cases, confidential and should not be disclosed before the relevant embargo dates. He also reminded members that they should 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.		
16.	**WELCOME AND APOLOGIES**		
	Apologies for absence were intimated on behalf of Dr Beth White and Mrs Elaine McIvor. The Chair advised members that Mrs Linda Hillan would be stepping down from her position on the committee. On behalf of the committee, the Chair thanked Mrs Hillan for her valued time and input to discussions and decisions over the period of her membership. **NOTED**		

17.	**MINUTES OF PREVIOUS MEETING: 24 FEBRUARY 2020**		
	The minutes of the meeting held on Monday 24th February 2020 were approved as an accurate record. **APPROVED**		
18.	**MATTERS ARISING**		
	None. **NOTED**		
19.	**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*		
20.	**RCAG PRESCRIBING ADVISORY GROUP**		
	a) Summary of Advice May 2020 The Committee noted the paper provided for information. **b) COVID-19 Update** The Committee noted the work that had taken place to prepare interim governance arrangements for cancer medicines during the pandemic and noted that implementation issues were ongoing. The Committee expressed their appreciation of the work that had been carried out. The Committee noted that this was interim guidance, it was not proposed that this would be the basis for future SMC submissions, however members of the Committee expressed interest in this approach going forward. **NOTED**		
21.	**ADTC SUBCOMMITTEE UPDATES**		
	a. Prescribing Interface Sub-Committee The last meeting was held in March 2020. Dr Hardman reported that 3 year arrangements were put in place for entecavir and tenofovir.		

	The Prescribing Interface Subcommittee sought guidance from the Committee on advice for transgender prescribing. The Committee noted that guidance from England was not applicable in Scotland, therefore, Board positon and pathway for these patients was required. Following discussion, members agreed that the Prescribing Interface Subcommittee should contact endocrinology to discuss this further. **b. Therapeutics Sub-Committee** Ms Watret informed the members that the subcommittee continued to meet throughout the pandemic. There were no new evaluations to note. **c. Safer Use of Medicines Sub-Committee** Prof McKay informed members that the next meeting was scheduled for 11th August 2020. **d. Communications Sub-Committee** No specific update. **e. Antimicrobial Sub-Committee** No specific update. **f. Medicines Utilisation Sub-Committee** Dr White informed members the next meeting was scheduled for 8th July 2020. **NOTED**		
22.	**SUPPLY OF MEDICINES FOR CYSTIC FIBROSIS**		
	The Committee noted the paper provided which advised of a new pricing agreement for Orkambi® and Symkevi® and an extension to include the use of ivacaftor (Kalydeco®) as a monotherapy treatment. It also applied to any future licence extensions for all three drugs. The Committee noted that requests were exempt from completing PACS Tier Two forms. The patient numbers predicted were small, however the financial implications were not clear at the moment. **NOTED**		
23.	**ADTC COLLABORATIVE UPDATE**		
	The Committee noted the paper provided for information. Mr Foot provided an update in relation to remdesivir for COVID-19. He noted that as remdesivir had recently been granted a product licence, the EAMS was now closed to new patients. The Committee were assured that there was sufficient stock within GG&C.		

	NOTED		
24.	**HEPMA PROGRESS UPDATE**		
	Mrs Caldwell informed members that the HEPMA business case was now approved. A HEPMA Board was established, with the first meeting scheduled to take place on 22nd July 2020. Brian Digby from Clyde was appointed as Chair. Mrs Caldwell agreed to contact Prof McKay to discuss representation from Safer use of Medicines on the Programme Board. Mrs Caldwell reported that following feedback during the pandemic, the programme plan was revised. A number of benefits with remote prescribing were highlighted. The Committee noted that a HEPMA pilot would be carried out, commencing end October/beginning November 2020. The Programme Board will determine a pilot site and a date for roll out. It was predicted that full roll out would take place early in the new year. The Committee noted that Rob Puckett was appointed as Lead Pharmacist for HEPMA. **NOTED**		**Mrs Caldwell**
25.	**PMG UPDATE**		
	No specific update. **NOTED**		
26.	**MEDICINAL CANNABIS - GUIDANCE FOR PRESCRIBERS**		
	The Committee noted a minor update to the existing guidance for Medicinal Cannabis. Epidyolex® has been changed to a Schedule 5 Controlled Drug so is no longer required to fulfil storage/prescribing requirements The Committee endorsed the update. Mr Foot has updated the information on the website for prescribers. **NOTED**		**Mr Foot**
27.	**OPTIONS FOR MANAGING ADTC AND SUBCOMMITTEE VIA MICROSOFT TEAMS**		
	The Committee noted that NHS Scotland had recently introduced Microsoft Teams software (Teams) for use across all health sectors which allowed collaborative working, document sharing, videoconferencing and instant messaging amongst its features. It was understood that NHS Scotland had procured a licence that allowed a finite number of individual Teams. NHSGGC training on Teams suggested that careful attention was given to how teams were created. The Committee noted the paper submitted which encouraged members to agree a structure for how the committee and its various subcommittees use Microsoft Teams. The paper highlighted the benefits and drawbacks of the		

	options provided. Option 1 suggested a single ADTC Team and option 2 suggested separate teams. The Committee noted that several subcommittees had already created individual teams, therefore following discussion the Committee agreed to continue with separate teams (option 2). **NOTED**		
28.	**ANY OTHER BUSINESS**		
	Andexanet alfa The Committee noted that the above product was going through SMC process however guidance was not imminent. The Committee noted a request was made for this product to be available, in urgent situations, as and when required. The Committee noted the cost implications of prescribing this drug. The cost effectiveness compared to clinical grounds were considered by the Committee. Following detailed discussion, the Committee agreed that this product should be made available in emergency areas, restricted to haematology approval. Mr Foot and Mrs Campbell agreed to liaise with the thrombosis committee. <u>Belimumab</u> Mrs Campbell reported that the company that produce the product approached GG&C to offer short term provision of the sub cutaneous formulation for existing patients currently receiving the medicine intravenously during the pandemic. The Committee noted that the subcutaneous formulation has not yet been appraised by SMC so there is no current advice for use of this formulation in Scotland. Patients on the subcutaneous formulation would also have to switch back to the intravenous formulation until SMC appraise the subcutaneous formulation (anticipated to be early 2021) The Committee noted the product would be supplied by the hospital. The relevant specialists will select patients and train them on administering the injection. **NOTED**		**Mr Foot/Mrs Campbell**
29.	**DATE AND TIME OF NEXT SCHEDULED MEETING**		
	Monday 31st August 2020, 2pm, Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **06/07/2020**

Fampridine

SMC2253

Fampyra® tablet

Indication:

Improvement of walking in adult patients with multiple sclerosis with walking disability (EDSS [expanded disability status scale] 4-7).

ADTC Discussion points

ADTC noted that there were service considerations, including supply arrangements to consider and put in place. A protocol outlining these, along with guidance for how treatment should be reviewed should be developed to support use.

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:

31/12/2020

Local restrictions on use:

Insulin glargine plus Lixisenatide

SMC2235

Suliqua® injection

Indication:

In combination with metformin for the treatment of adults with type 2 diabetes mellitus, to improve glycaemic control when this has not been provided by metformin alone or metformin combined with another oral glucose-lowering medicinal product or with basal insulin.

ADTC Discussion points

Noted that this may offer the potential of effiiciency, but at the cost of reduced therapeutic benefit compared with main comparators.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to initiation by Consultant Diabetologists for use in patients who are uncontrolled on basal insulin (glycosylated haemoglobin [HbA1c] > 7.5% [59mmol/mol]) and for whom a GLP-1 receptor agonist is appropriate as an add-on intensification therapy to basal insulin analogues.

Naldemedine

SMC2242

Rizmoic® tablets

Indication:

Treatment of opioid induced constipation (OIC) in adult patients who have previously been treated with a laxative.

ADTC Discussion points

ADTC considered that this may be used in a similar positioning to naloxegol in practice. Therefore it is to be restricted to use in the same way (after at least two other laxatives).

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to use in patients who have failed to respond to at least two classes of laxative (given at an adequate dose for a sufficient duration).

Ocrelizumab

SMC2223

Ocrevus® infusion

Indication:

Treatment of adult patients with early primary progressive multiple sclerosis (PPMS) in terms of disease duration and level of disability, and with imaging features characteristic of inflammatory activity.

ADTC Discussion points

ADTC noted the completion of the accompanying protocol and therefore endorsed addition to the Formulary.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with local protocol.

Ustekinumab

SMC2250

Stelara® infusion, injection

Indication:

Treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic or have medical contraindications to such therapies.

ADTC Discussion points

Noted that this would be integrated into the local guideline in due course. It is likely to be used in pateints with TNF inhibitor failure, where IV vedollizumab is currently used.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use

Blinatumomab

SMC2234

Blincyto® infusion

Indication:

Monotherapy for the treatment of adults with Philadelphia chromosome negative, CD19 positive, B-precursor acute lymphoblastic leukaemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%.

ADTC Discussion points

This has been referred to RCAG for development of a regional protocol and inclusion in the relevant clinical management guideline.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialst use in accordance with regional protocol for patients who are in first complete remission with minimal residual disease (MRD) greater than or equal to 0.1%.

Lorlatinib

SMC2239

Lorviqua® tablets

Indication:

Monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) whose disease has progressed after:
- alectinib or ceritinib as the first ALK tyrosine kinase inhibitor (TKI) therapy; or
- crizotinib and at least one other ALK TKI

ADTC Discussion points

RCAG advise that this will not be routinely used in this indication at this time. This being a conditional licence, it will be re-evaluated by SMC in due course.

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:

Rucaparib

SMC2224

Rubraca® tablets

Indication:

As monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy.

ADTC Discussion points

Referred to RCAG for development of regional protocol and inclusion in the relevant clinical management guideline.

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 patients who do not have a BRCA mutation.

Cinacalcet

SMC2275

Mimpara® capsules

Indication:

Secondary hyperparathyroidism (HPT):
- Treatment of secondary HPT in adult patients with end-stage renal disease (ESRD) on maintenance dialysis therapy.
- Treatment of secondary HPT in children aged 3 years and older with ESRD on maintenance dialysis therapy in whom secondary HPT is not adequately controlled with standard of care therapy

Parathyroid carcinoma and primary HPT in adults
- Reduction of hypercalcaemia in adult patients with:
- parathyroid carcinoma.
- primary HPT for whom parathyroidectomy would be indicated on the basis of serum calcium levels, but in whom parathyroidectomy is not clinically appropriate or is contraindicated

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Ranibizumab

SMC2274

Lucentis® injection

Indication:

In preterm infants for the treatment of retinopathy of prematurity (ROP) with zone I (stage 1+, 2+, 3 or 3+), zone II (stage 3+) or AP-ROP (aggressive posterior ROP) disease.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Mexiletine

SMC2241

Namuscla® capsules

Indication:

Symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic disorders.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:
