

ADTC(M) 19/03
Minutes: 33 - 45

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Area Drugs and Therapeutics Committee
held in the Boardroom, JB Russell House
on Monday 10th June 2019**

P R E S E N T

Dr S Muir (in the Chair)

Mr R Foot	Mrs A Campbell
Dr G Forrest	Mrs E McIvor
Dr C Harrow	Mrs L Hillan
Ms A Thomson	Ms Y Clark
Dr R Hardman	Dr A Fitchett
Dr A MacLaren	Dr B White

I N A T T E N D A N C E

Mrs L Russell Secretariat Manager

ACTION
BY

33. CHAIR'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.

34. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Mrs A Muir, Mrs A Thompson, Dr J Simpson, Dr R White and Mrs J Watt.

The Chair welcomed Ms Yasmin Al-Din, Clinical Effectiveness Pharmacist, who was in attendance to observe proceedings.

35. MINUTES OF THE MEETING HELD 25th FEBRUARY 2019

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 29th April 2019 were approved as an accurate record.

NOTED

36. MATTERS ARISING

Proposed New Ways of Working

New ways of working were supported by the Medicines Utilisation subcommittee. The additional workload for the subcommittee in dealing with formulary appeals was acknowledged.

Cancer medicines and medicines for paediatric indications will continue to be passed to RCAG and the Paediatric D&T respectively. All other medicines will be considered by the Area Drugs and Therapeutics Committee with effect from August 2019.

Formulary and New Drugs Sub-Committee members have been invited to join one of the other ADTC Sub-Committees in order to retain expertise and involvement with ADTC.

In conclusion, the ADTC agreed that the Formulary and New Drugs Sub-Committee will now disband.

NOTED

Clinical Management of Relapsing-Remitting Multiple Sclerosis (RRMS)

Following the last meeting, the Chair wrote to the clinical lead author advising of ADTC position in relation to use of ocrelizumab for use in the treatment of RRMS.

The Chair informed members that a response was received from the MS Consultants working in Glasgow and West of Scotland. The consensus review was that although cost has been considered, they do not wish for the algorithm to be changed. The Committee noted that the suggested algorithm is for new patients.

In conclusion it was agreed that the PMG will take this forward as the implications are financial rather than clinical.

NOTED

37. FORMULARY AND NEW DRUGS SUB COMMITTEE

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

38. NEW DRUG ASSESSMENT

(a) Acetylcysteine Effervescent Tablets (NACSYS®)

The Committee noted the request to add Acetylcysteine Effervescent Tablets (NACSYS®) to the preferred list of the GG&C Adult Formulary. The request was submitted by the Respiratory MCN Prescribing Sub-Group on the basis of lower cost (when prescribed as NACSYS®), simpler dosing regimen and reduced pill burden.

The Committee noted that NACSYS® should be prescribed by brand name, as some of the other acetylcysteine preparations are significantly more expensive. The Committee briefly discussed availability and pricing of these preparations. Scriptswitch messages will be used if the brand is unavailable. The Committee noted that the cost of these medicines is routinely monitored by the prescribing team.

DECIDED:

The Committee agreed to add Acetylcysteine Effervescent Tablets (NACSYS®) to the preferred list.

(b) Acetic Acid 2% ear spray (EarCalm®)

The Committee noted the request to add EarCalm® to the Preferred List of the GG&C Adult Formulary to offer an additional choice.

Addition to the preferred list will bring the GGC Otitis externa guidelines in line with the recently published public health England guidelines. Addition to the preferred list would also offer benefits from an antimicrobial stewardship perspective.

DECIDED:

The Committee agreed to add Acetic Acid 2% ear spray (EarCalm®) to the preferred list.

(c) Naloxone nasal spray (Nyxoid®)

The Committee noted the request to add Naloxone nasal spray (Nyxoid®) to the Total Formulary.

The Committee noted that take home naloxone is already widely used. The product would be used second line, offering an alternative option to the existing intramuscular product for individuals/organisations who cannot store/administer a product with needles. No switch to nasal naloxone is anticipated. The Committee noted the estimated budget impact.

DECIDED:

The Committee agreed to add Naloxone nasal spray (Nyxoid®) to the Total Formulary.

39. COMMUNICATIONS SUB-COMMITTEE – SIX MONTHLY REPORT

The Committee noted the Communications Sub-Committee Six Monthly Report to inform ADTC of the work of the Sub-Committee.

Mrs McIvor informed members that the Sub-Committee continue to meet via teleconference on a monthly basis to make editorial decisions and twice a year to discuss the overall strategy of the group.

Mrs McIvor reported that 42 blogs were published during the last 6 months. There has been a greater focus on social media over the last 6 months to highlight new articles and share relevant information from other sources. Twitter posts previously linked to the Facebook page, however it was recently discovered that the automatic linking no longer works. Further discussion will take place regarding this.

The number of new subscribers continues to rise. An email advertising GGC Medicines Update was sent to all members of staff on the GG&C global list. This resulted in a peak of new subscribers. GGC Medicines Update was also advertised on Hot Topics on StaffNet. Although the response rate was lower, this did result in 7 new subscriptions in a week.

Mrs McIvor informed the Committee that further promotion will take place. The paper previously circulated will be updated and circulated widely. Posters will also be developed. The team will link in with the Medical Education Director regarding promotion of Medicines Update within the medical online induction programme.

The Committee noted the evaluation results of the survey recently carried out. Overall the results were positive. The majority of people who responded reported that the blogs were relevant. It was noted that the Sub-Committee will focus on including information for paediatrics.

Future blogs will clearly state when links to StaffNet are used, as some people are unable to access certain links if they are outwith the network.

Work will take place to look at the accessibility limitations. There is currently no search mechanism available in the app. The Sub-Committee will link with the Therapeutics Handbook Team on this.

The Committee acknowledged the 6 monthly report and noted the developments.

40. ANTIMICROBIAL SUB-COMMITTEE – SIX MONTHLY REPORT

The Committee noted the Antimicrobial Sub-Committee Six Monthly Report to inform ADTC of the work of the Sub-Committee.

Dr White informed the Committee that overall antibiotic use and IV antibiotic use has decreased. The differences in IV antibiotic use in different sites will be investigated further.

The number of patients having their IV antibiotics changed to oral on a Monday is similar to the total of Friday, Saturday and Sunday combined. Reasons for this are being explored and education is planned to encourage an increase in switching at the weekends.

One of the most common reasons for antimicrobial datix reports is gentamicin being given at the wrong time/frequency. Dr White reported that the gentamicin prescribing, administration, monitoring form is in the process of being updated to include specific advice on how to prescribe 48 hourly gentamicin.

Two SCI reviews are ongoing in relation to patients that were discharged without adequate blood monitoring on linezolid.

Following a request from Ms Thomson, it was agreed that Primary Care will be included in future reports for completeness.

The Committee acknowledged the 6 monthly report and noted the developments.

41. OTHER ADTC SUB COMMITTEES

a) Medicines Utilisation Sub Committee

No specific update.

NOTED

b) Prescribing Interface Sub Committee

No specific update.

NOTED

c) **Safer Use of Medicine Sub-Committee**

No update.

d) **Therapeutics Sub-Committee**

The Oral Nutrition Formulary for Adults and Older Children has been updated.

NOTED

42. ADTC COLLABORATIVE UPDATE

There are several Primary Care Rebate Schemes that the ADTCC are aware of.

A biosimilar uptake report has been circulated for adilimumab.

NOTED

43. PMG UPDATE

The group has not met since the last ADTC meeting.

44. AOCB

None.

45. DATE OF NEXT MEETING

Monday, 12th August 2019, 2pm, Boardroom, JB Russell House, Gartnavel Royal Hospital

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **10/06/2019**

Benralizumab

SMC2155

Fasenra® injection

Indication:

As an add-on maintenance treatment in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus long-acting β -agonists.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only in patients with blood eosinophils ≥ 150 cells/microlitre, and either ≥ 4 prior asthma exacerbations needing systemic corticosteroids in the previous 12 months or treatment with continuous oral corticosteroids over the previous 6 months.

Cariprazine

SMC2137

Reagila® capsules

Indication:

Treatment of schizophrenia in adult patients.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation as a second-line therapy in patients where predominantly negative symptoms have been identified as an important feature.

Latanoprost & Timolol

SMC2159

Fixapost® preservative free eye drops

Indication:

Reduction of intraocular pressure (IOP) in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation in patients who have proven sensitivity to preservatives.

Patisiran

SMC2157

Onpattro® infusion

Indication:

Treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only on the advice of the National Amyloidosis Centre.

Abemaciclib

SMC2135

Verzenio® tablets

Indication:

Treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor* as initial endocrine-based therapy, or in women who have received prior endocrine therapy.

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol.

Abemaciclib

SMC2179

Verzenio® tablets

Indication:

Treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with fulvestrant* as initial endocrine-based therapy or in women who have received prior endocrine therapy.

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol for use in women who have progressed on or after (neo) adjuvant endocrine therapy, or progressed during first-line endocrine-based therapy for advanced breast cancer

Brigatinib

SMC2147

Alunbrig® tablets

Indication:

as monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK) positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol.

Durvalumab

SMC2156

Imfinzi® infusion

Indication:

As monotherapy for the treatment of locally advanced, unresectable non-small cell lung cancer (NSCLC) in adults whose tumours express PD-L1 [programmed cell death ligand 1] on $\geq 1\%$ of tumour cells and whose disease has not progressed following platinum-based chemoradiation therapy.

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol

Nivolumab

SMC2153

Opdivo® infusion

Indication:

In combination with ipilimumab for the first-line treatment of adult patients with intermediate/poor-risk advanced renal cell carcinoma (RCC).

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol

Pembrolizumab

SMC2144

Keytruda® infusion

Indication:

Monotherapy for the adjuvant treatment of adults with Stage III melanoma and lymph node involvement who have undergone complete resection.

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol

Chenodeoxycholic acid

SMC2190

Chenodeoxych capsules

Indication:

Treatment of inborn errors of primary bile acid synthesis due to sterol 27 hydroxylase deficiency (presenting as cerebrotendinous xanthomatosis) in infants, children and adolescents aged 1 month to 18 years and adults.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Daratumumab

SMC2191

Darzalex® infusion

Indication:

In combination with bortezomib, melphalan and prednisone for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Dasatinib

SMC2192

Sprycel® tablets

Indication:

Treatment of paediatric patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia in combination with chemotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Doxylamine & Pyridoxine

SMC2140

Xonvea® tablets

Indication:

Treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Rituximab

SMC2193

MabThera® infusion

Indication:

Treatment of patients with moderate to severe pemphigus vulgaris.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Alirocumab

SMC2201

Praluent® injection

Indication:

In adults with established atherosclerotic cardiovascular disease to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors:

- in combination with the maximum tolerated dose of a statin with or without other lipid-lowering therapies 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 Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Brentuximab vedotin

SMC2202

Adcetris® infusion

Indication:

Treatment of adult patients with previously untreated CD30+ Stage IV Hodgkin lymphoma in combination with doxorubicin, vinblastine and dacarbazine.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Golimumab

SMC2203

Simponi® injection

Indication:

In combination with methotrexate for the treatment of polyarticular juvenile idiopathic arthritis in children 2 years of age and older who have responded inadequately to previous therapy with methotrexate

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:
