ADTC(M) 17/05
Minutes: 59 - 75

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, 23 October 2017 at 2.00 p.m.

P R E S E N T

Dr S Muir (in the Chair)

Dr J Mackenzie	Mrs Y Semple
Dr A Taylor	Mr R Foot
Mr D Malcolmson	Mrs Margaret Ryan
Dr J Burns	Mrs L Hillan
Dr G Forrest	Dr R Hardman
Dr K McAllister	Mr A Crichton
Dr A MacLaren	Mrs A Muir

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

Mrs L Russell.....Secretariat Officer

ACTION BY

59. 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 stated in the agenda.

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.

60. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mrs J Watt, Dr B MacKinnon, Prof G McKay, Mrs A Campbell, Dr K O'Neill, Dr J Simpson, Dr A Bowman, Dr C Harrow and Ms F Thomson.

61. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on 28 August 2017 were approved as a correct record pending the following amendment;

Item 55 – NHS Scotland Valproate Patient Safety Alert – third sentence to be replaced with MHRA developed patient information which was disseminated by Acute services.

The file copy will be amended.

62. MATTERS ARISING

None.

63. 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

64. FORMULARY APPEALS

Lurasidone

The Committee noted the request for a change to Lurasidone in the Total Formulary submitted on behalf of the Prescribing Management Group Mental Health. The Formulary and New Drugs Sub-Committee considered the appeal and noted their preference for aripiprazole to be used 1st line before considering lurasidone however are supportive of 1st line therapy if the use is warranted. The Committee noted that this drug is significantly more expensive than alternative options. Prescribing will be ongoing in Primary Care. The Committee noted that any declarations of interest or conflicts of interest would have been considered by the PMG MH.

Some concerns were noted regarding wider use which could have potential cost implications. The Committee agreed it would be helpful to audit use in 1 year-18 months time. This could be part of the workplan for next year. Mr Foot will feed this back to the PMG MH. The Committee noted that development of a protocol is part of the plan. **Mr Foot**

The Committee noted that work is taking place to be more specific in the drugs we use and considering cost effective prescribing however are reassured that an audit will be carried out.

DECIDED:

The Committee agreed to the request. This will be added to Total Formulary restricted to psychiatrist initiation:

- For first presentation psychosis only, use as a first-line treatment of schizophrenia where aripiprazole or olanzapine are not suitable.
- For adults aged 18 years and above with an established diagnosis of schizophrenia, use as a third-line treatment option where aripiprazole has been ineffective and weight gain and metabolic effects are to be minimised.

Budenofalk

The Committee noted the request to add Budenofalk Rectal Foam to the Total Formulary as a second line agent after the 1st line preferred list choice (hydrocortisone colifoam rectal foam).

The following prescribing statement was prepared by the GGC Gastroenterology Group 'The prescribing of Prednisolone foam enemas is not supported in NHS GG&C and this preparation should not be prescribed. Hydrocortisone 10% w/w Rectal Foam is the current lowest acquisition cost steroid foam enema and is the steroid foam enema of choice in NHS GG&C. Budenofalk® 2mg/dose rectal foam is an alternative for patients who are unable to tolerate hydrocortisone or find it difficult to use.' The Committee support this.

DECIDED:

The Committee agreed to add this medicine to the Total Formulary as a second line agent.

Alimemazine

The Sub-Committee noted the request to remove Alimemazine tablets/syrup from the Total Formulary.

The Committee noted that there is no evidence of superiority over other drugs in the same class, however alimemazine is associated with higher acquisition costs. The Formulary and New Drugs Sub-Committee are supportive of the removal.

DECIDED:

The Committee agreed to the removal of Alimemazine tablets/syrup from the Total Formulary.

65. RESPIRATORY SECTION REVIEW

The Committee noted the Respiratory chapter review of the GGC Adult Formulary carried out by the Formulary & Therapeutic Handbook Team, alongside the Respiratory MCN Prescribing Subgroup. The recommendations will give prescribers more clarity regarding first and second choices. Initiatives will continue to be supported.

The Committee noted that device flowcharts will be developed. These will go through due process.

The Committee briefly discussed the variance in costs and noted the changing environment. The Committee also noted that established patients would not be switched.

The Committee noted this excellent piece of work. Inhaler device guides will be reviewed by the Medicines Utilisation Sub-Committee in due course. A Medicines Update blog will be created to highlight Formulary changes and where they fit in.

66. SAFER USE OF MEDICINES SUB-COMMITTEE

Six Monthly Report

The Committee noted the Safer Use of Medicines Sub-Committee 6 monthly report to inform the ADTC of the work of the Sub-Committee.

Dr MacLaren provided an update on the work carried out.

Following a SCI in the Queen Elizabeth University Hospital CCU, it was recognised that a variety of infusion charts are being used. A short life working group reviewed this and suggested that standardising the single drug infusion charts and protocols is required. New charts were specifically designed for CCU however could be adapted in order to be used elsewhere. This led to a wider discussion regarding charts. There are 9 in total under review and it was hoped through the Pharmacy medicines Governance structure that these could potentially be rolled out across NHSGGC.

The paper provides a brief update on the Orion Medicines Rec/IDL. The next version is due to be piloted at the Beatson next month. A formal roll out would then take place on a site by site basis in the new year.

A Safer Use of Medicines Activities Log will be maintained and updated to provide the group with an oversight of activities taking place in NHS GG&C. The logs five main categories are; Prescribing of medicines, administration of medicines, high risk medicines, medicine supply and medicines policies and information. The activities log can be submitted to a future ADTC for information.

The group continue to discuss learning summaries for significant clinical incidents and look at recurrent themes. Further work is required to get more detail on the insulin incidents.

The IDL trial evaluation was raised. It was noted that engagement with Primary Care has taken place. Dr MacLaren will take this back to the group for a further update.

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

67. THERAPEUTICS SUB-COMMITTEE

Six Monthly Report

The Committee noted the Therapeutics Sub-Committee 6 monthly report to inform the ADTC of the work of the Sub-Committee.

The reported provides an update on the following areas:

Wound Care Formulary/Wound Management
Overall Formulary compliance continues to increase. Nurse prescribing compliance is achieving 85% and other prescribers (mainly GP's) achieving 66%.

Vascular Update
The Compression Bandage Formulary and the Hosiery Formulary have been combined to create the Chronic Venous Insufficiency Formulary. HIS will carry out a health technology assessment of compression bandaging. They will progress with a review of one of the providers company products.

Podiatry
A Podiatry prescribing conference will be held on 17th November 2017 to promote NMP and Podiatry POM's certificates use.

Stoma Care Formulary/Guidance
Stoma products accessory list has been agreed and ScriptSwitch messages have been implemented.

Urology Products Formulary including Urosheaths
A Urology prescribing implementation guide has been drafted and will be piloted in East Dunbartonshire HSCP. A prescribing dashboard is under development to monitor use of urology products.

Oral Nutrition Sub-Group
A Test of Change project is planned to start in January 2018.

Non Medical Prescribing
Mrs Ryan informed the Committee that there have been delays in the available of non medical prescribing training for dieticians due to the validation process of the university providers with the HCPC. It is expected that the first course at UWS and GCU will not be available until September 2018.

Mrs Ryan highlighted that funding for NMP training from the Scottish Government has been reduced therefore funding for ANP's and Community Services/Primary Care will be provided from alternative budgets from September 2018. This is a national issue which has been fed up through the national prescribing group. She reported that training is oversubscribed. Extra spaces are being picked up at other boards when available.

Antimicrobial Stewardship
The Antimicrobial Stewardship workbook is available for use on the NES website. A working group has been formed to progress antimicrobial stewardship roles within nursing.

PGD Group
Work is ongoing to review and add to the 200+ PGD's in use.

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

68. PRESCRIBING INTERFACE SUB-COMMITTEE

Six Monthly Report

The Committee noted the Prescribing Interface Sub-Committee 6 monthly report to inform the ADTC of the work of the Sub-Committee.

The Terms of Reference have been reviewed and updated to reflect the range of work that is undertaken by the Sub-Committee.

A number of Shared Care Agreements have been considered in the last 6 months.

Dr Hardman reported that Hepatitis B medicines adefovir, entecavir and lamivudine have been reviewed and updated. The existing SCP for tenofovir will be updated in due course. Melatonin for sleep disorders in children has been updated to reflect a

change in the preferred formulation of immediate release melatonin.

Dr Hardman reported that a number of medicines which secondary care wish to consider for shared care are on hold as primary care monitoring is required. The outcome of the new GMS contract negotiations will influence discussions on monitoring arrangements.

The Sub-Committee is currently reviewing the Supply of Medicines Following Specialist Service Review or Clinic Appointments.

A brief discussion took place regarding engagement with Mental Health Outpatient Clinics. There are ongoing discussions regarding implementation of guidelines that they have produced.

Dr Seaton briefly noted that the community cost of vorconizole has increased therefore consideration has been given to reverting the Shared Care Agreement back to the hospital.

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

69. OTHER ADTC SUB-COMMITTEES

(a) Communications Sub-Committee

Mrs Semple thanked the Committee for sharing the promotional paper with colleagues. Two new members have joined the group and GP trainees have been invited. The next meeting of the Sub-Committee is scheduled to take place next month.

Discussions were held with the Associate Director of Communications regarding including some of the medicines update messages on the Board Twitter and Facebook pages. This was agreed.

(b) Antimicrobial Sub-Committee

The Committee noted the minutes of the last meeting held on 23 August 2017. Dr Seaton highlighted the main issues discussed. He reported on antimicrobial shortages. There has been a shortage of Gentamicin due to manufacturing issues. A contingency plan was developed to substitute with Tobramycin. Shortages with supply of Piperacillin Tazobactam continue and Aztreonam is currently only available on a named patient basis). There are also issues with Amikacin supply and Meropenem, which is currently being purchased from another supplier at a premium rate.

The National Prescribing Quality Indicators have been approved by the Scottish Government. The target for this quality indicator is an annual 1% reduction in overall antibiotic prescribing in Hospital as well as a 1% reduction in both Meropenem and Piperacillin-tazobactam. The former indicator is proving challenging with a documented rise in prescribing since the baseline of 2015. The board has already made substantial progress against the targeted reduction in the broad spectrum agents. Within Primary Care there have been 4 consecutive years of reduction in prescribing and work continues to reduce antibiotic prescribing further.

(c) Medicines Utilisation Sub-Committee

No specific update.

70. ADTC COLLABORATIVE

ADTCC Update

The Committee noted the report submitted for information.

An Access to New Medicines WebEx was held on 6th September 2017.

The ADTC Collaborative hosted a WebEx on 10th October 2017. An update from the Scottish Government on a Single National Formulary (SNF) was provided. Anne Gilchrist, Formulary Pharmacist, has been appointed to lead on this piece of work. A presentation was provided which gave an overview of the work to date. Mrs Semple highlighted the result from the Formulary survey, responses for NHSGGC were favourable. The next steps include a Formulary user workshop and formation of a governance group.

A brief discussion took place regarding the content of the SNF. It was acknowledged that the programme of work is still in its infancy and this has still to be agreed. Feedback from the NHSGGC Stakeholder event last year indicates that users would prefer prescribing information to be included. Additional questions were raised on how prescriptive it will be, the impact on the work of the Committee and if it will include licensed and unlicensed medicines. The Committee recognise that there are a number of unanswered questions at the moment however more detail will be available as the work progresses. The Committee agreed that there is a lot to consider, however there is an opportunity to be involved in the discussions around the SNF. Regular updates will be provided via the ADTC collaborative.

71. NHS SCOTLAND VALPROATE PATIENT SAFETY ALERT

Mrs Semple reported that the alert issued by HIS in May 2017 highlights the valproate toolkit/communication resources available and recommended a number of actions for NHS Boards.

Work was undertaken by GG&C at the time of the initial advice & resources from MHRA. A blog was issued in March 2016 detailing specific responsibilities and a further blog issued in May 2017 highlighting the updated resources.

All female patients should receive a card at discharge from hospital as standard if they are prescribed valproate. Communication has been sent to community pharmacists to highlight their responsibility. Mental health colleagues are working with primary care to identify their patients. One of the key areas that could be improved is the proactive identification of all patients who are receiving valporate to ensure they have been given the appropriate information. It was suggested that the primary care pharmacy team could identify these patients and write to GP practices.

The Committee agreed it would be helpful to receive feedback in 1 year time. It was suggested that the Safer Use of Medicines Sub-Committee may be best placed to carry this out.

72. DEVELOPMENT OF A NATIONAL RECOMMENDATION FOR ADTC RATIFICATION ON PREFERRED DOAC FOR THE PREVENTION OF STROKE AND SYSTEMIC EMBOLISM IN ADULT PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION

The Committee noted the letter from the Effective Prescribing Programme Board (EPPB) dated 9th October 2017.

73. PRESCRIBING MANAGEMENT GROUP REPORT

The last meeting was held in September. The main discussion point was the horizon scanning process which has begun again for 18/19 to establish new growth and the impact of new medicines.

The Committee noted that the biosimilar uptake has increased.

74. ANY OTHER BUSINESS

The Chair noted that following the request for nominations to join SMC or NDC, one nomination was forwarded to the Scottish Medicines Consortium.

75. DATE OF NEXT MEETING

Monday, 11 December 2017 – Boardroom, JB Russell House, Gartnavel Royal Hospital

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **23/10/2017**

Baricitinib

1265/17

Olumiant® tablets

Indication:

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

ADTC Discussion points

The Committee noted this is the first oral biologic treatment for Rheumatoid Arthritis. Local support for this new treatment option was noted. Feedback from clinicians indicate that this medicine would be used where a biologic might currently be considered. A detailed discussion took place regarding prescribing and monitoring. It was noted that the preferred route of supply would be specialist initiation, GP prescribing and community pharmacy dispensing however discussions are ongoing. Concerns regarding prescribing of this medicine were noted from GP colleagues, in particular regarding GP knowledge and who would explain the long term effects to patients. The Committee noted the concerns raised however recognised that GP's and Community Pharmacy would become familiar with this biologic through experience. The Committee noted that monitoring would be low level and that a Shared Care Agreement may be possible. The Committee agreed it is important for a protocol to be in place to describe this medicines place in therapy and that supply arrangements are confirmed therefore agreed to defer a decision on 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:

16/04/2017

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/baricitinib_Olumiant_FINAL_August_2017_Amended_03.09.16_for_website.pdf

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Beclomethasone, formoterol, glycopyrronium

1274/17

Trimbow® metered dose inhaler

Indication:

Maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist.

ADTC Discussion points

The Committee noted this first triple-agent inhaler. This product has been considered as part of the recent Formulary Section Review. There is support from the group who reviewed the respiratory chapter in the Formulary to add this product to the Total Formulary. Use is restricted to severe COPD. This mirrors previous SMC restrictions on LABA/ICS combinations.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to severe COPD (forced expiratory volume in one second less than 50% predicted normal).

http://www.scottishmedicines.org.uk/files/advice/beclometasone_Trimbow_Abbreviated_FINAL_Sept_2107_for_website.pdf

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Magnesium glycerophosphate

1267/17

Neomag® chewable tablet

Indication:

as an oral magnesium supplement for the treatment of patients with chronic magnesium loss or hypomagnesaemia as diagnosed by a doctor. Magnesium glycerophosphate is also indicated for adult patients with hypomagnesaemia due to the concomitant administration of loop and thiazide diuretics or other drugs which cause hypomagnesaemia.

ADTC Discussion points

The Committee noted that an unlicensed product had been in use therefore this provides a licensed preparation. This offers a solid dose formulation alternative to magnasparate sachets which some patients dislike/unable to tolerate.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/magnesium_glycerophosphate_Neomag_Abb_FINAL_August_2017_for_website.pdf

Sofosbuvir with Velpatasvir

1271/17

Epclusa® tablets

Indication:

Treatment of chronic hepatitis C virus (HCV) infection in adults

ADTC Discussion points

The Committee noted that the Hepatitis C MCN welcome the SMC advice, noting that approval for GT2 is beneficial along with the use for GT1 patients with decompensated cirrhosis. This combination will be considered as part of the next review of national guidance.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with local protocol for use in patients with genotype 2, 5 or 6 chronic HCV infection or patients with decompensated cirrhosis, irrespective of chronic HCV genotype

http://www.scottishmedicines.org.uk/files/advice/sofosbuvir_velpatasvir_Epclusa_FINAL_Sept_2017_05.10.17_amended_for_website.pdf

Daratumumab

1205/17

Darzalex® infusion

Indication:

As monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, whose prior therapy included a proteasome inhibitor and an immunomodulatory agent and who have demonstrated disease progression on the last 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 as a fourth-line treatment option

http://www.scottishmedicines.org.uk/files/advice/daratumumab_Darzalex_Resubmission_FINAL_Sept_2017_for_website.pdf

Nivolumab

1261/17

Opdivo® infusion

Indication:

As monotherapy, for the treatment of squamous cell cancer of the head and neck (SCCHN) in adults progressing on or after platinum-based 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 subject to a two-year stopping rule.

http://www.scottishmedicines.org.uk/files/advice/nivolumab_Opdivo_FINAL_August_2017_for_website.pdf

Rolapitant

1266/17

Varuby® tablets

Indication:

Prevention of delayed nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in adults. Rolapitant is given as part of combination 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 in adults undergoing highly emetogenic chemotherapy (HEC).

http://www.scottishmedicines.org.uk/files/advice/rolapitant_Varuby_FINAL_August_2017_amended_030917_for_website.pdf

Adalimumab

1243/17

Humira® injection

Indication:

Treatment of active moderate to severe hidradenitissuppurativa (HS) (acne inversa) in adolescents from 12 years of age with an inadequate response to conventional systemic HS therapy.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only.

http://www.scottishmedicines.org.uk/files/advice/adalimumab_Humira_Abbreviated_FINAL_May_2017_for_website.pdf

Adalimumab, Etanercept, Ustekinumab

MTA 455

Indication:

plaque psoriasis in children and young people

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with NICE TA455

https://www.nice.org.uk/guidance/ta455/resources/adalimumab-etanercept-and-ustekinumab-for-treating-plaque-psoriasis-in-children-and-young-people-pdf-82604846770117

Aprepitant

1241/17

Emend® capsules, powder for oral suspension

Indication:

As part of combination therapy, for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy in infants, toddlers and children from the age of six months to less than 12 years (powder for oral suspension) and adolescents from the age of 12 years to 17 years (hard capsules).Aprepitant is given as part of combination therapy

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use only in accordance with local protocol.

http://www.scottishmedicines.org.uk/files/advice/aprepitant_Emend_FINAL_May_2017_Amended_060617_for_website.pdf

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Aprepitant

1252/17

Emend capsules, suspension

Indication:

As part of combination therapy, for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy in children, toddlers and infants from the age of six months to <12 years (powder for oral suspension) and adolescents from the age of 12 years to 17 years (hard capsules).

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 local protocol.

http://www.scottishmedicines.org.uk/files/advice/aprepitant_Emend_Abbreviated_FINAL_June_2017_for_website.pdf

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Budesonide/formoterol

1244/17

Symbicort® S inhalation powder

Indication:

The regular treatment of asthma where use of a combination (inhaled corticosteroid and a long-acting β2 adrenoceptor agonist is appropriate: patients not adequately controlled with inhaled corticosteroids and as needed short-acting β2 adrenoceptor agonists, or patients already adequately controlled on both inhaled corticosteroids and long-acting β2 adrenoceptor agonists

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/budesonide-formoterol_Symbicort_SMART_Abb_FINAL_May_2017_for_website.pdf

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Dolutegravir

1253/17

Tivicay® tablets

Indication:

in combination with other anti-retroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected children aged >6 to 12 years of age.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use by HIV specialists.

http://www.scottishmedicines.org.uk/files/advice/dolutegravir_Tivicay_Abbreviated_FINAL_June_2017_for_website.pdf

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Glycopyrronium

1254/17

Sialanar® oral solution

Indication:

Symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initation.

http://www.scottishmedicines.org.uk/files/advice/glycopyrronium_bromide_Sialanar_Abbreviated_FINAL_June_2017_for_website.pdf

Stiripentol

524/08

Diacomit® capsules, suspension sachet

Indication:

In conjunction with clobazam and valproate as adjunctive therapy of refractory generalised tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI; Dravet's syndrome) whose seizures are not adequately controlled with clobazam and valproate.

ADTC Discussion points

Mr Foot agreed to clarify with the D&T who is responsible for monitoring for the above product.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation.

http://www.scottishmedicines.org.uk/files/advice/stiripentol_Diacomit_Resubmission_FINAL_August_2017_for_website.pdf

Bevacizumab

1275/17

Avastin® infusion

Indication:

In combination with carboplatin and paclitaxel for the treatment of adult patients with first recurrence of platinum-sensitive epithelial ovarian, fallopian tube or primary peritoneal cancer who have not received prior therapy with bevacizumab or other VEGF inhibitors or VEGF receptor-targeted agents.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/bevacizumab_Avastin_Non_Sub_FINAL_August_2017_for_website.pdf

Etelcalcetide

1262/17

Parsabiv® injection

Indication:

Treatment of secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on haemodialysis therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/etelcalcetide_Parsabiv_FINAL_August_2017_amended_030917_for_website.pdf

Maraviroc

1282/17

Celsentri® oral solution, tablets

Indication:

In combination with other antiretroviral medicinal products for treatment-experienced adolescents and children of 2 years and older and weighing at least 10kg infected with only CCR5-tropic HIV-1 detectable.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/maraviroc_Celsentri_Non_Sub_FINAL_Sept_2017_for_website.pdf

Opicapone

1281/17

Ongentys® capsules

Indication:

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

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/opicapone_Ongentys_Non_Sub_FINAL_Sept_2017_for_website.pdf

Roflumilast

635/10

Daxas® tablets

Indication:

For maintenance treatment of severe chronic obstructive pulmonary disease (COPD) (forced expiratory volume in one second [FEV1]) post-bronchodilator less than 50% predicted) associated with chronic bronchitis in adult patients with a history of frequent exacerbations as add on to bronchodilator treatment

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

http://www.scottishmedicines.org.uk/files/advice/roflumilast_Daxas_Resubmission_FINAL_August_2017_for_website.pdf

Adalimumab, dexamethasone intravitreal implant

MTA 460

Indication:

Non-infectious uveitis

ADTC Discussion points

The Committee noted that Adalimumab has been used off-label for this indication however this MTA will formalise the Formulary status of this use and that of the dexamethasone implant.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use fo non-infectious uveitis is restricted to specialist use in accordance with NICE MTA 460.

https://www.nice.org.uk/Guidance/TA460

Alimemazine

tablets, syrup

Indication:

Sedative antihistamine

ADTC Discussion points

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:

Budesonide

409/07

Budenofalk® Rectal Foam

Indication:

Treatment of active ulcerative colitis that is limited to the rectum and the sigmoid colon.

ADTC Discussion points

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation as a 2nd line option as an alternative to hydrocortisone rectal foam.

http://www.scottishmedicines.org.uk/files/409_07_budesonide_Budenofalk_Abb_Sept07.pdf

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Collagenase clostridium histolyticum

MTA 459

Xiapex® injection

Indication:

Dupuytren's contracture

ADTC Discussion points

The Committee noted that no change will be made to how this medicine is used locally.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with local protocol.

https://www.nice.org.uk/Guidance/TA459

Lurasidone

SMC 994/14

Latuda® tablets

Indication:

Treatment of schizophrenia in adults aged 18 years and over

ADTC Discussion points

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to psychiatrist initiation:
- For first presentation psychosis only, use as a first-line treatment of schizophrenia where aripiprazole or olanzapine are not suitable.
- For adults aged 18 years and above with an established diagnosis of schizophrenia, use as a third-line treatment option where aripiprazole has been ineffective and weight gain and metabolic effects are to be minimised.

http://www.scottishmedicines.org.uk/files/advice/lurasidone__Latuda__FINAL_Sept_2014_amended_15.09.14_for_website.pdf

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