ADTC(M) 18/05
Minutes: 56 -70

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, 8th October 2018

P R E S E N T

Dr S Muir (in the Chair)

Mr G Bryson	Dr K McAllister
Dr J Burns	Dr E McIvor
Mr R Foot	Dr A Taylor
Dr A Fitchett	Mrs A Thompson
Dr G Forrest	Ms F Thompson
Mrs L Hillan	Mrs J Watt
Dr A MacLaren	Dr B White
Mr D Malcolmson	

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

Mr Z Barlow	Secretariat
Dr P Nicholas	Lead Pharmacist Critical Care

ACTION BY

56. 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.

57. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Dr A Bowman, Mrs A Campbell, Dr A Crighton, Dr R Hardman, Dr C Harrow, Dr B MacKinnon, Dr J Simpson, and, Dr R White.

The Chair welcomed Fiona Thompson, who was observing in person, Elaine McIvor who is joining the committee as the Chair of the Communications Sub Committee and Patricia Nicholas from The Golden Jubilee National Hospital who was observing the meeting.

58. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 13th August 2018 were approved as an accurate record.

59. MATTERS ARISING

Related to contraception for female patients receiving sodium valproate, The Committee discussed potential models for assessing contraception needs and subsequent treatment. Dr Taylor advised that the view of the GP Sub Committee was that the service should be supplied by Sandyford Services. He also advised that the guidance about adequate contraception for those on sodium valproate could be improved and the Pharmacy Group had recently written to the GP Sub Committee about this issue. Dr Taylor advised that there appeared to be conflicting views about the provision of services and that further liaison with Sandyford Services and the GP Sub Committee was required.

NOTED

60. SINGLE NATIONAL FORMULARY

Mr Foot advise that the project management responsibility for the SNF within the Scottish Government had moved from the Effective Prescribing and Therapeutics Branch to the Pharmacy and Medicines Division. There was a clear commitment from the Scottish Government to deliver on the SNF but the move would allow the project out be more closely linked to the other recommendations being carried within the Montgomery review. It had been decided to postpone the scheduled chapter review meetings for October and conduct discussions with various stakeholders before moving forward with the project. It was noted by the Committee that this would hopefully lead to a clearer overall aim for the project.

NOTED

61. 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 were made.

See Appendix 1 for summarised decisions (Item 6 FND Table)

62. FORMULARY APPEALS

a) IV iron preparations (Ferinject and Monofer)

Mr Foot spoke to a paper received by the Committee regarding IV Iron Preparations (Ferinject and Monofer). He advised that a short life working group had been convened to look at prescribing of both oral and IV iron and to set some guidance on when is

appropriate. A draft guideline had been attached for the Committee for information. The SLWG had concluded that the old "standard IV iron" preparations had a number of safety and practicality issues. Use of Ferinject and Monofer were considered to be standard practice in clinical areas other than renal. Mr Foot advised that FND were content with the case and the recommendation was that the Formulary restriction for these preparations relating to second line use after standard IV be removed.

APPROVED

b) Olopatadine eye drops

Mr Foot spoke to a paper received by the Committee regarding Olopatadine eye drops. A request was received from Pamela Macintyre on behalf of the Optometry Prescribing and Supply Group for a restriction change on the formulary preparation of the eye drops. Olopatadine was restricted within the Preferred List of the Formulary to second-line when sodium cromoglicate was ineffective and not tolerated. However, there had been changes to the tariff price of sodium cromoglicate which resulted in it becoming more expensive on an equivalent course for course basis than olopatadine. FND were therefore supportive of the requested formulary change to remove the second line restriction, essentially putting it on a level pegging with sodium cromoglicate. The ADTC supported the request to uphold the formulary change.

63. ADTC COLLABORATIVE UPDATE

The Committee received a summary report from the ADTC which was noted. Mr Foot had nothing further to highlight.

NOTED

64. PRESCRIBING MANAGEMENT GROUP UPDATE

Mrs Watt provided an update on the treatment of wet aged related muscular degeneration AMD. A guideline from NICE was made available in January which highlighted that savings could be made which the Royal College should also be enforcing. A judicial review had taken place, the outcome was that bevacizumab could be used in the situation. A substantial saving could be made for GG&C estimated at £8m if all patients change to this medicine. It was highlighted that there were already service limitations with the number of injections being required to be administered and the use of bevacizumab would result in an increase of the number of injections needed.

Mrs Thompson updated on the FreeStyle Libre system. An agreement had been put in place and funding has been made available to introduce the system to a priority group of patients with diabetes. There would be opportunity to increase the number of patients taking part if it was within the funding provided. An educational event had been running since the end of June. The Diabetes MCN and HSCP Prescribing Leads would continue to manage prescribing.

NOTED

65. SAFER USE OF MEDICINES SUB COMMITTEE – SIX MONTHLY REPORT

Dr MacLaren spoke to the Safer Use of Medicines Sub Committee Six Monthly Report to the

Committee. The report highlighted the key areas of work undertaken by the Sub Committee in the last six months including Morphine learning and the safer use of opioids, safer use of insulin, patient safety alerts, eHealth safer use of medicines programme and safer use of medicines updates.

There was discussion relating to the management of female patients receiving sodium valproate and how they are being managed, including the prescribing of appropriate contraception by GP's. Learning from how NHS Forth Valley had managed the valproate issue has been shared and many other Boards were attempting to learn from their approach, Dr MacLaren would pick up further with the local group and report back on the ongoing work. Members consider that a central register of female valproate patients would be very useful to monitor progress on how these patients were being managed.

NOTED

66. THERAPEUTICS SUB COMMITTEE – SIX MONTHLY REPORT

Mr Bryson presented the Therapeutics Sub Committee Six Monthly Report to the Committee. The report highlighted the key areas of work undertaken by the Sub Committee in the last six months including wound care formulary/guidance, stoma care formulary/guidance, Urology products formulary and non medical prescribing. It was advised that a SLWG had been established to support the review of the Urology Product Discharge and there was potential that support from the ADTC would be needed.

NOTED

67. PRESCRIBING INTERFACE SUB COMMITTEE

Mrs Hillan presented the Prescribing Interface Sub Committee Six Monthly Report to the Committee. The report highlighted the key areas of work undertaken by the Sub Committee in the last six months including membership, shared care agreements approved and reviewed, potential shared care agreements for development and supply of medicines from outpatient clinics guidance with additional guidance for mental health. Mrs Hillan highlighted the additional guidance for mental health which had been updated to improve the transfer of information and communication across the MH/GP interface. The Monitoring of medicines and related contractual issues were also noted.

It was advised that GP's had concerns of the increasing number of specialist drugs that they were being asked to prescribe.

NOTED

68. OTHER ADTC SUB COMMITTEES

a) Communications Sub Committee

There was no update noted by the Sub Committee, a paper report would be available at the next meeting.

NOTED

b) Antimicrobial Sub Committee

There was no update noted by the Sub Committee, a paper report would be available at the next meeting.

NOTED

c) Medicines Utilisation Sub Committee

There was no update noted by the Sub Committee, a paper report would be available at the next meeting.

NOTED

69. AOCB

The Committee were advised that Dr Jennifer Burns would be resigning from the Committee. The Chair and members wished Dr Burns well for the future and thanked her for her longstanding contribution to the Committee.

NOTED

70. Monday, 10th December, 2pm – Boardroom, JB Russell House, Gartnavel Royal Hospital

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **08/10/2018**

Anakinra

SMC2104

Kineret® injection in pre-filled syringe

Indication:

In adults, adolescents, children and infants aged eight months and older with a body weight of 10kg or above for the treatment of Still's disease, including Systemic Juvenile Idiopathic Arthritis (SJIA) and Adult-Onset Still's Disease (AOSD), with active systemic features of moderate to high disease activity, or in patients with continued disease activity after treatment with non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. Anakinra can be given as monotherapy or in combination with other anti-inflammatory drugs and disease-modifying anti-rheumatic drugs (DMARDs).

ADTC Discussion points

ADTC noted that there was support for the availability of this medicine, which has been used for this indication in an off-label capacity previously. Patient numbers are expected to be small. It was also noted that canakinumab, one of the named comparators for this indication has only be rarely used and therefore savings are not anticipated.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use.

Bictegravir, Emtricitabine, Tenofovir

SMC2093

Biktarvy® tablets

Indication:

Treatment of adults infected with human immunodeficiency virus 1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.

ADTC Discussion points

ADTC noted this combination would provide another treatment option for selected patient groups identified by the Clinical Team, however, overall uptake is expected to be low.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use by HIV specialists

Dolutegravir with Rilpivirine

SMC2091

Juluca® tablets

Indication:

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 for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor (NNRTI) or integrase inhibitor

ADTC Discussion points

ADTC noted that the Clinical Team had identified a specific place in therapy for this new compbination.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use by HIV specialists

Dupilumab

SMC2011

Dupixent® subcutaneous injection

Indication:

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

ADTC Discussion points

Noted that draft protocol was in development, but uncertainty as to whether the protocol had been shared with other dermatologists who may prescribe this medicine. ADTC Agreed that a formulary decision be deferred to allow these reassurances to be sought.

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:

31/12/2018

Local restrictions on use:

Ixekizumab

SMC2097

Taltz® injection in pre-filled syringe

Indication:

Alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies.

ADTC Discussion points

ADTC noted that guidance for the use of biologics in psoriatic arthritis was imminent. Therefore, a decision to add to Formulary was deferred to allow the guidance to complete the approval process.

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:

31/12/2018

Local restrictions on use:

Tocilizumab

SMC2014

RoActemra® subcutaneous injection

Indication:

The treatment of Giant Cell Arteritis (GCA) in adult patients

ADTC Discussion points

ADTC were reassured that a diagnostic/management pathway for Giant Cell Arteritis was under review and agreed that it would be useful to defer addition to Formulary until this review was complete. The principle of restricting prescribing to consultants within rheumatology was supported.

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:

31/10/2018

Local restrictions on use:

Gemtuzumab ozogamicin

SMC2089

Mylotarg® infusion

Indication:

Combination therapy with daunorubicin and cytarabine for the treatment of patients age 15 years and above with previously untreated, de novo CD33 positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia (APL).

ADTC Discussion points

WoSPASG will incorporate into regional 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 with a favourable, intermediate or unknown cytogenetic profile.

Cabozantinib

SMC2095

Cabometyx® tablets

Indication:

Advanced renal cell carcinoma (RCC) in treatment-naïve adults with intermediate or poor risk.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Cenegermin

SMC2124

Oxervate® eye drops

Indication:

Treatment of moderate (persistent epithelial defect) or severe (corneal ulcer) neurotrophic keratitis in adults.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Denosumab

SMC2017

Prolia ® injection in pre-filled syringe

Indication:

Treatment of bone loss associated with long-term systemic glucocorticoid therapy in adult patients at increased risk of fracture.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Lenalidomide

SMC2125

Revlimid® hard capsules

Indication:

Monotherapy for the maintenance treatment of adult patients with newly diagnosed multiple myeloma who have undergone autologous stem cell transplantation.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Obinutuzumab

SMC2015

Gazyvaro® infusion

Indication:

In combination with chemotherapy, followed by obinutuzumab maintenance therapy in patients achieving a response, for the treatment of patients with previously untreated advanced follicular lymphoma.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Pembrolizumab

1339/18

Keytruda® infusion

Indication:

As monotherapy, for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD-L1 with a combined positive score (CPS)≥10.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Sirolimus

SMC2126

Rapamune® tablets, solution

Indication:

Treatment of patients with sporadic lymphangioleiomyomatosis with moderate lung disease or declining lung function

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:
