ADTC(M) 18/06
Minutes: 71 - 84

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 11th December 2018

P R E S E N T

Dr S Muir (in the Chair)

Mr R Foot	Dr K McAllister
Dr G Forrest	Mrs E McIvor
Mrs L Hillan	Dr A Taylor
Dr A MacLaren	Ms F Thompson
Mrs A Muir	Mrs J Watt
Mrs A Campbell	Dr B White
Mr A Crichton	Dr J Simpson
Dr R Hardman	

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

Mrs G Mathew	Secretariat Manager
Mrs MA McLean	Senior Prescribing Advisor (for item 79)

ACTION BY

71. 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.

72. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Dr A Fitchett, Mr G Bryson, Dr D Malcolmson and Dr R White.

73. MINUTES OF THE MEETING HELD 11TH OCTOBER 2018

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 11th October 2018 were approved as an accurate record, subject to the following amendments:

Dr P Nicholas, Lead Pharmacist Critical Care, Golden Jubilee National Hospital, was in attendance to observe the meeting.

Item 59 – Matters Arising, 3 line, should be amended to:

"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 in relation to adequate contraception was not clear and the GP Sub Committee had written to Sandyford Services about this issue. Further liaison with Sandyford Services was expected."

NOTED

74. MATTERS ARISING

No matters arising were noted.

NOTED

75. SINGLE NATIONAL FORMULARY

Mr Foot advised the Committee that there was no update available at this time.

NOTED

76. 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).

Medicines Accepted For Use by SMC (non-cancer)

a) Ocrelizumab (Ocrevus®)

Mrs Campbell noted that the above preparation was discussed at the Formulary and New Drugs Sub Committee meeting of 23rd November 2018. Ocrelizumab was reviewed for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active

disease defined by clinical or imaging features. Discussions were ongoing in relation to placement of this medicine within the existing clinical guideline.. The Sub Committee wished to await the updated guidance and algorithm prior to making any recommendations with regards to placement on the Formulary. Mrs Campbell agreed to feedback comments from the Committee and in particular that relative cost was to be considered as a factor in decision making. . **Mrs Campbell**

DECIDED

The Committee agreed that further information was required before this preparation could be placed on the Formulary. Until then routine use was not approved.

77. ADTC COLLABORATIVE UPDATE

Mr Foot noted that an ADTC Collaborative Event took place on 20th November, at which 3 Boards provided an overview of their experiences of PACS Tier 2. The session was useful and identified a number of recurring themes and issues which would be communicated to Scottish Government. Given the feedback provided at the session, further changes were anticipated to the documentation and clarification of guidance.

NOTED

78. PRESCRIBING MANAGEMENT GROUP UPDATE

Mrs Muir advised that the last meeting of the Prescribing Management Group took place on 13th November and highlighted the main areas covered. These included a financial overview which reported a prescribing overspend of £0.2m despite a series of successful. Financial Improvement Plans. The Group also received an update on recruitment for the Freestyle Libre system, potential development in ophthalmology, and increased activity delivering treatments for Hepatitis C.

NOTED

79. SODIUM VALPROATE

Mrs McLean presented a paper from the Sodium Valproate Safety Stakeholders Group who have drafted an action plan and collaborated to resolve key issues. However, there were three areas that the Group sought endorsement from the Committee on. These were:

- Guidance on what constitutes as exceptional circumstances (circumstances in which a pregnancy prevention programme was not appropriate, although a risk acknowledgement form would still be required).
- Barriers to pharmacy professionals fulfilling actions suggested in the Guide for Healthcare Professionals
- Feedback letter to MHRA

A number of areas were discussed including the risk assessment pro-forma, the process for specialist review, particularly in relation to patients who fail to attend review appointments, the number of patients involved and data management.

Following extensive discussion, the Committee noted that they were content to endorse the recommendations made within the report and the Committee fully supported the work underway.

APPROVED

80. COMMUNICATIONS SUB COMMITTEE – SIX MONTHLY REPORT

Mrs McIvor noted that she had recently assumed the position of Chair of the Communications Sub Committee. Mrs McIvor noted that there were 17 multi-disciplinary members. The Sub Committee had recently recruited a Cardiology Registrar and was keen to continue to expand medical representation at the Sub Committee. If any Committee members know of anyone expressing an interest in joining the Sub Committee, please pass on Mrs McIvor's contact details.

50 blogs had been posted in the last 6 months relating to various topics including patient safety, changes in clinical practice and Clozapine. There was a positive response to the blogs and the increasing number of people accessing the blogs was encouraging, with over 50 new Twitter subscribers noted.

Work was underway to increase methods of advertising. Powerpoint slides had been developed and these were available for further promotion. An evaluation would also be undertaken. Further detail of this would be included in the next 6 month report. **Mrs McIvor**

Dr Muir thanked Mrs McIvor for the report and suggested that further links could be made with the universities.

NOTED

81. ANTIMICROBIAL SUB COMMITTEE – SIX MONTHLY REPORT

Dr White presented the Antimicrobial Sub Committee Six Monthly Report and highlighted specific areas of note including an initiative in secondary care to bring A&E antibiotic pre-pack sizes in line with the updated infection management guidelines for antibiotic duration; a new initiative beginning this month to address the increasing use of Temocillin; work to reduce the length of IV antibiotic therapy; and an increase in the recording of oral antibiotic duration in audited wards.

Discussion took place about the implementation of the pre-pack size in line with updated infection management guidelines, with Committee members commenting that it would be helpful to ensure that communication was circulated to GP Practices to make them aware of this change. It would also be useful to review if this change had any impact on primary care prescribing. Dr White agreed to discuss communication of this with Mrs Anne Thompson. Mrs Campbell also suggested communication via the blog, and Dr White agreed to discuss this with Andrew Seaton and Isobel Gourlay. **Dr White**

NOTED

82. OTHER ADTC SUB COMMITTEES

a) Medicines Utilisation Sub Committee

There was no specific update from this Sub Committee, a report would be available at the next meeting.

NOTED

b) Safer Use of Medicines Sub Committee

There was no specific update aside from the Sodium Valproate work previously discussed.

NOTED

c) Therapeutics Sub Committee

There was no specific update from this Sub Committee

NOTED

83. AOCB

Medicinal Cannabis

Mr Foot presented guidance developed for prescribers following the change in regulations which came into effect on 1st November 2018, regarding prescribing of cannabis-based medicines in the UK. The Committee were asked to endorse the guidance which would remain as a resource available via the website.

The Committee were content to endorse the guidance.

APPROVED

DATE OF NEXT MEETING

84. Monday, 25th February 2019, 2pm, Boardroom, JBR House, Gartnavel

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **10/12/2018**

Nivolumab

SMC2112

Opdivo® infusion

Indication:

Monotherapy for the adjuvant treatment of adults with melanoma with involvement of lymph nodes or metastatic disease 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

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Pertuzumab

SMC2119

Perjeta® infusion

Indication:

In combination with trastuzumab and chemotherapy in the neoadjuvant treatment of adult patients with HER2 positive, locally advanced, inflammatory, or early stage breast cancer at high risk of recurrence.

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

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Atezolizumab

SMC2103

Tecentriq infusion

Indication:

As monotherapy for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma after prior platinum-containing chemotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Evolocumab

SMC2133

Repatha injection

Indication:

In adults with established atherosclerotic cardiovascular disease (myocardial infarction, stroke or peripheral arterial 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:

Fampridine

SMC2107

Fampyra tablets

Indication:

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

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Pembrolizumab

SMC2143

Keytruda® infusion

Indication:

Monotherapy for the treatment of recurrent or metastatic head and neck squamous cell carcinoma in adults whose tumours express PD-L1 with a ≥50% TPS and progressing on or after platinum-containing chemotherapy

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Ocrelizumab

SMC2121

Ocrevus® infusion

Indication:

Treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.

ADTC Discussion points

ADTC were supportive of the development of the existing clinical guideline to include this medicine. However, ADTC were keen that the Neurology Service, in developing their guidance were mindful of the costs of treatments in relation to their relevant efficacy. Addition to Formulary would be deferred to allow the guideline to be updated.

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:

01/06/2019

Local restrictions on use: