ADTC(M) 19/02
Minutes: 14 - 32

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 29th April 2019

P R E S E N T

Dr S Muir (in the Chair)

Mr R Foot	Mrs A Campbell
Dr R White	Mrs E McIvor
Dr G Forrest	Mrs J Watt
Dr C Harrow	Ms Y Clark
Ms A Thomson	Dr K McAllister
Dr R Hardman	Dr A Taylor (until 3.45pm)
Dr A MacLaren	Mrs A Ward
Dr B White	Dr A Fitchett

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

Ms M Chahal	Lead Pharmacist Prisons/Police Custody
Mrs L Russell	Secretariat Manager

ACTION BY

14. 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.

15. APOLOGIES AND WELCOME

Apologies for absence were noted on behalf of Mrs L Hillan, Mrs A Muir, Ms G Caldwell and Mr A Crichton.

The Chair welcomed Ms Yvonne Clark, new Professional Secretary, to her first meeting of the Committee.

The Chair welcomed Ms Mantej Chahal, Lead Pharmacist for Prisons/Police Custody who was in attendance for item 4.

16. MINUTES OF THE MEETING HELD 25th FEBRUARY 2019

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on Monday 25th February 2019 were approved as an accurate record.

NOTED

17. MATTERS ARISING

National Prisoner Healthcare Network Expert Advisory Group for Medicines

The Expert Advisory Group for Medicines (EAGfM) – Prescribing of Gabapentinoids for Neuropathic Pain and Administration of Buprenorphine for People in Prison Settings

Following the last meeting Ms Mantej Chahal, Lead Pharmacist for Prisons/Police Custody was invited to the meeting to provide a more detailed update on the use of the above medicines in the prison healthcare setting.

Ms Chahal highlighted the proposed changes. Patients prescribed gabapentinoids are to have their treatment reviewed and where appropriate doses will be tapered or stopped. All doses require to be supervised. The Committee noted that patients prescribed these medicines for the treatment of epilepsy have been excluded from the review.

The Committee briefly discussed how the feedback from the review would be communicated to Primary Care: The Committee agreed that an IT solution is required to improve communication.

Ms Chahal informed the Committee that plans to review buprenorphine prescribing has been put on hold.

The Committee thanks Ms Chahal for the update.

NOTED

18. 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

19. FORMULARY REMOVAL

SEMI-SODIUM VALPROATE

The Committee noted a request from the Mental Health PMG to remove Semi-Sodium Valproate from the GG&C Adult Formulary. There are both clinical and cost considerations. The Committee noted that switch protocols have been developed. The Formulary and New Drugs Sub-Committee are supportive of the removal.

DECIDED:

Following discussion the Committee agreed to the removal of Semi-Sodium valproate from the Formulary.

20. NEW DRUG ASSESSMENT

GANCICLOVIR EYE DROPS

The Committee noted the request to add Ganciclovir eye drops to the preferred list of the Total Formulary to replace aciclovir, which is being discontinued. Ganciclovir is the only other licensed eye preparation available for treating acute herpetic keratitis. The Sub-Committee noted no major cost impact.

DECIDED:

The Committee agreed to add Ganciclovir eye drops to the preferred list.

21. PROPOSED NEW WAYS OF WORKING

The Committee noted the proposal paper submitted by the Formulary and New Drugs Sub-Committee.

The Sub-Committee asked ADTC to consider the proposal and the opportunity to review existing processes. Cancer medicines and medicines for paediatric indications will continue to be passed to the regional cancer advisory group and paediatric D&T respectively. All other medicines could be presented at ADTC. Due to the number of drugs there shouldn't be a major impact on the running of ADTC. Involvement in other Sub-Committees would be explored for members in order to retain expertise and involvement with ADTC. The Sub-Committee proposed that housekeeping of the Formulary and formulary appeals would be considered by the Medicines Utilisation Sub-Committee. This would be for further discussion to confirm if acceptable to the Medicines Utilisation Sub-Committee at their meeting in May.

DECIDED:

The Committee considered the proposal and noted support for the new process. Discussion will take place with the Medicines Utilisation Sub-Committee.

22. THERAPEUTICS SUB-COMMITTEE – SIX MONTHLY REPORT

The Committee noted the Therapeutics Sub-Committee Six Monthly Report to inform ADTC

of the work of the Sub-Committee.

Ms Thomson informed the Committee that there have been a number of membership changes within the group. The Terms of Reference for the Committee have been updated to include a flowchart of the groups that feed into the committee. Some further updates are in the process of being made/are required.

The following statement has been added to all Therapeutic Formularies: **Important**: Only the version of this document available from www.ggcprescribing.org.uk is maintained. Any printed copies should be viewed as 'uncontrolled' and may not necessarily contain the latest updates.

The report highlights formulary changes, service developments/guidelines and data reports.

The first cohort of five diabetic non medical prescribers have qualified. Ms Thomson reported that NES NMP funding for 2019/20 is expected to not meet the demand.

The report includes data which shows compliance with the Formulary. Work is ongoing with the urology products formulary and anti microbial dressings.

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

23. SAFER USE OF MEDICINES SUB-COMMITTEE – SIX MONTHLY REPORT

No update.

24. PRESCRIBING INTERFACE SUB-COMMITTEE – SIX MONTHLY REPORT

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

The Committee meets quarterly in March, June, September and December. The membership of the Committee has recently been updated.

A small number of Shared Care Agreements have been considered in the last 6 months. These are mainly existing SCP's which have been reviewed, updated to SCAs and re-approved.

Methotrexate s/c Rheumatology – reviewed and approved subject to further minor amendments. Existing SCA remains valid meantime.

High cost medicines
The Committee noted the transfer of budget responsibilities to HSCPs.

NPT Enhanced Service/new GMS Contract

The committee are reviewing the Shared Care Agreement (SCA) template, submission checklist and criteria for approval, to update the advice on primary care drug monitoring to more accurately reflect the position during the period of transition to the new GMS contract.

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

25. OTHER ADTC SUB COMMITTEES

a) Medicines Utilisation Sub Committee

(i) Relapsing-Remitting Multiple Sclerosis Guideline

The Committee previously considered ocrelizumab for use in the treatment of relapsing-remitting multiple sclerosis in December. At that time the decision was made to defer inclusion in the Formulary to allow the service to incorporate this new medicine into their guidelines. The Committee also requested that the service included consideration of cost within the revised guideline. Mr Foot reported that discussions had been ongoing with the specialist service. The Committee acknowledged that the revision had taken some steps towards inclusion of cost but members felt that this could be strengthened. In addition it was felt that the place in therapy for the new medicine ocrelizumab was earlier in the pathway than had been anticipated from previous discussions. Work is continuing to reach a consensus on the guideline.

DECISION

Following discussion the Committee agreed to defer inclusion of ocrelizumab for RRMS until the revision of the over-arching guideline is complete. It was agreed that the Chair would write to the clinical lead author advising of ADTC position and copy in the Chief of Medicine for information. In the meantime where there is an overriding clinical need to use ocrelizumab in patients with highly active or rapidly-evolving disease then it may be prescribed for individual patients as per NHSGGC Access to Medicines Policy.

NOTED

b) Communications Sub Committee

No specific update. The Sub-Committee will submit a six monthly report at the next meeting.

NOTED

c) Antimicrobial Sub-Committee

As part of a wider national (Scottish Antimicrobial Prescribing Group, Health Care Improvement Scotland led) pilot of Penicillin allergy de-labelling the Sub-Committee is looking to identify and potentially de-label medical inpatient in the South Sector during the months of March and April. The pilot is looking at very low risk patients identified as penicillin-allergic but whose allergy is very low probability and therefore safe to proceed to a supervised oral challenge.

Dr White informed members that a MHRA alert regarding fluouroquinolone safety has been issued. It has been re-issued as a caution only.
The management team is preparing correspondence to be sent out to those using it more commonly. Dr White will keep the committee updated.

The Sub-Committee will submit a 6 monthly report at the next meeting.

NOTED

26. ADTC COLLABORATIVE UPDATE

The Committee noted the April 2019 newsletter which provides an update on the current work of the ADTC Collaborative.

The Committee noted the letter issued by the Scottish Government regarding the role of liothyronine (T3) and levothyroxine (T4) in the treatment of patients with primary hypothydroidism. It was noted that criteria for use in new initiations was in development by lead endocrinologists.

The Committee noted the feedback summary from the PACS Tier Two and National Review Panel learning event held on 28th November 2018. Mr Foot will contact ADTC Collaborative to seek further clarification regarding attendance of the requesting clinician at local PACS2 meetings. **Mr Foot**

NOTED

27. SMC FLASH REPORT

The Committee noted the report provided for information.

28. PRE-SMC FREE OF CHARGE PRICING SCHEMES

The Committee noted the guidance on Pre-Health Technology Assessment Free of Charge (pre-HTA FOC) Pricing Schemes provided for information. The draft national guidance was endorsed by ADTC last year and was launched in February.

29. PMG UPDATE

Mrs Campbell provided a brief update of the work of the Prescribing Management Group. The group met on 23rd April 2019. The following was discussed;

- Expectation of financial balance for medicines for the year ending 31 March 2019
- Roll out of FreeStyle Libre to continue – awaiting final sign off by HSCP Chief Officers – this supports uptake in 30% of patients with type 1 diabetes
- Uptake of biosimilar adalimumab progressing well

30. SCOTTISH PALLIATIVE CARE GUIDELINES

The Committee noted the link to the Scottish Palliative Care Guidelines provided for information. The guidelines have been renewed and refreshed.

NOTED

31. AOCB

None.

32. DATE OF NEXT MEETING

Monday, 10th June 2019, 2pm, Boardroom, JB Russell House, Gartnavel Royal Hospital

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **29/04/2019**

Certolizumab Pegol

SMC2132

Cimzia® injection

Indication:

Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy

ADTC Discussion points

This is an additional treatment choice where the service have intimated that it light of its licence, it is probably likely to be reserved for female patients of child-bearing age.

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:
01/11/2019

Local restrictions on use:

Erenumab

SMC2134

Aimovig® injection

Indication:

The prophylaxis of migraine in adults who have at least four migraine days per month.

ADTC Discussion points

The service have intimated that until experience with this treatment is gained, it should only be used in those patients who have failed to respond to, or tolerate and adequate trial of Botox. Local guidelines and protocols will be updated and this positioning reviewed in due course.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to patients with chronic migraine for whom at least four prior prophylactic treatments have failed and who have failed to respond to or tolerate an adequate trial of Botox.
Prescribing note: This interim Formulary positioning will be reviewed following updating of local protocols and guidelines.

Testosterone

SMC2152

Testavan® transdermal gel

Indication:

Testosterone replacement therapy for adult male hypogonadism, when testosterone deficiency has been confirmed by clinical features and biochemical tests.

ADTC Discussion points

This is a new testosterone gel preparation which costs less than some other gel preparations. It is currently being explored with the service whether this could be a preferred topical preparation for new patients.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation for use in patients requiring a transdermal delivery system.

Lenvatinib

SMC2138

Lenvima® capsules

Indication:

As monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma who have received no prior systemic 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

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Letermovir

SMC1338/18

Prevymis® tablets

Indication:

Prophylaxis of cytomegalovirus (CMV) reactivation and disease in adult CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant (HSCT).

ADTC Discussion points

HSCT Service is a national funded service run from within the QEUH. They have incorporated letermovir into their existing CMV policy/protocol.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with national protocols.

Liposomal Daunorubicin/Cytarabine

SMC2130

Vyxeos® infusion

Indication:

The treatment of adults with newly diagnosed, therapy-related acute myeloid leukaemia (AML) or AML with myelodysplasia-related changes.

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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Blinatumomab

SMC2148

Blincyto® infusion

Indication:

As monotherapy for the treatment of paediatric patients aged 1 year or older with Philadelphia chromosome negative CD19 positive B-cell precursor acute lymphoblastic leukaemia which is refractory or in relapse after receiving at least two prior therapies or in relapse after receiving prior allogeneic hematopoietic stem cell transplantation.

ADTC Discussion points

Paediatric D&T agreed to add to Formulary at their meeting on 16th April 2019.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use in accordance with regional/national protocol

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Dasatinib

SMC2142

Sprycel® tablets

Indication:

The treatment of paediatric patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukaemia in chronic phase (Ph+ CML-CP) or Ph+ CML-CP resistant or intolerant to prior therapy including imatinib.

ADTC Discussion points

Paediatric D&T agreed to add to Formulary at their meeting on 16th April 2019.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional/national protocol

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Eslicarbazepine acetate

SMC2087

Zebinix® tablet, oral suspension

Indication:

Adjunctive therapy in adolescents and children aged above 6 years with partial-onset seizures with or without secondary generalisation.

ADTC Discussion points

Paediatric D&T agreed to add to Formulary at their meeting on 16th April 2019.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use as adjunctive therapy in adolescents and children age 6 years and over with partial-onset seizures with or without secondary generalisation is restricted to specialist initiation in patients with highly refractory epilepsy who have been heavily pre-treated and remain uncontrolled with existing anti-epileptic drugs

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Mepolizumab

SMC2139

Nucala® injection

Indication:

as an add-on treatment for severe refractory eosinophilic asthma in adolescents and children aged 6 years and older

ADTC Discussion points

Paediatric D&T agreed to add to Formulary at their meeting on 16th April 2019.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use as add-on treatment for severe refractory eosinophilic asthma in adolescents and children aged 6 years and older is restricted to specialist use in patients who have eosinophils of at least 150 cells per microlitre (0.15 x 109/L) at initiation of treatment and have had at least four asthma exacerbations in the preceding year or are receiving maintenance treatment with oral corticosteroids.

Romiplostim

SMC2126

Nplate® injection

Indication:

Chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients one year of age and older who are refractory to other treatments (e.g. corticosteroids, immunoglobulins)

ADTC Discussion points

Paediatric D&T agreed to add to Formulary at their meeting on 16th April 2019.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use for chronic immune (idiopathic) thrombocytopenic purpura (ITP) in patients one year of age and older who are refractory to other treatments is restricted to specialise use in in patients with severe symptomatic ITP or patients with a high risk of bleeding.

Rufinamide

SMC2146

Inovelon® suspension, tablets

Indication:

As adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome in patients 1 years to ≤4 years.

ADTC Discussion points

Paediatric D&T agreed to add to Formulary at their meeting on 16th April 2019.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use as adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome in patients 1 years to ≤4 years is restricted to specialist initiation in in patients who have failed treatment with or are intolerant of other antiepileptic drugs.

Epoetin Alfa

SMC2164

Eprex® Pre-filled Syringe

Indication:

Treatment of symptomatic anaemia (haemoglobin concentration of ≤10g/dL) in adults with low- or intermediate-1-risk primary myelodysplastic syndromes (MDS) who have low serum erythropoietin (<200 mU/mL).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Rituximab

SMC2165

MabThera® infusion

Indication:

In combination with glucocorticoids, for the treatment of adult patients with severe, active granulomatosis with polyangiitis (Wegener's) (GPA) and microscopic polyangiitis (MPA).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Tisagenlecleucel

SMC2141

Kymriah® infusion

Indication:

For adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:
