ADTC(M) 22/03
Minutes 23 - 34

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Drugs and Therapeutics Committee held on Monday 15 August 2022 at 2.00pm via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Janice Watt
Dr Raymund White	Mrs Elaine McIvor
Dr Roger Hardman	Mrs Mairi-Anne McLean
Dr Mark Fawcett	Dr Stefanie Lip
Dr Maureen Byrne	Mr Alex Crighton
Ms Aileen Muir	Dr Beth White
Ms Audrey Thompson	

IN ATTENDANCE

Ms Caoimhe Smyth	..	Pharmacist (Observer)
Mr Rob Puckett		Lead HEPMA Pharmacist
Mrs Louise Russell	..	Interim Secretariat Manager (Minute)

			ACTION BY
23.	**CHAIR'S STATEMENT**		
	The Chair reminded members that papers and proceedings related to SMC advice were, in some cases, confidential, and should not be disclosed before the relevant embargo dates. Members were reminded to 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. **NOTED**		

			ACTION BY
24.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the August meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were intimated on behalf of Ms Yvonne Clark, Prof Gerry McKay and Ms Gail Caldwell. **NOTED**		
25.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday 13 June 2022 [Paper No. ADTC(M)22/02] and were content to accept this as an accurate record. **APPROVED**		
26.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
27.	**NEW MEDICINES FOR CONSIDERATION**		
(I)	**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.*		
28.	**COVID MEDICINES: CONSIDERATION OF ADDITION TO FORMULARY**		
	Mr Foot informed the Committee that Covid medicines were made available for use via the 4 Nations commissioning route to allow rapid access to the medicines to support the Covid pandemic. The Committee were asked to consider if the medicines should be added to a specialist section of the Formulary or remain as		

			ACTION BY
	they were. The Committee suggested that for completeness they could be added to the Formulary. This would ensure that medicines being routinely prescribed could be easily managed. The Chair agreed to raise at the next SMC meeting to clarify whether there were plans to put Covid medicines through a formal process first. The Committee agreed to consider this when further information was available. **NOTED**		Dr Scott Muir
29.	**MEDICINES POLICIES: CO-PAYMENT POLICY**		
	The Committee noted the paper 'Medicines Policies: Co-payment Policy' [Paper 22/10] presented by Mr Roy Foot. The Committee were content to note and approve the minor changes to the policy which reflected current practice. **APPROVE**		
30.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
a)	**(1) Medicines Utilisation Subcommittee**		
	The Committee noted the Medicines Utilisation Subcommittee six monthly update report which provided a summary of the key outputs for each of these areas during January 2022 – July 2022. **NOTED**		
	(2) Opiate Replacement Therapy: Formulary Implications in light of the Medication Assisted Treatment (MAT) Standards		
	The Medicines Utilisation Subcommittee had received a request for Methadone, Buprenorphine and Buprenorphine Oral Lyophilisate to be on an equal footing to give the choice of three options for treatment. Mr Foot highlighted that the The Medication Assistance Treatment (MAT) Standards in Scotland approved of putting them on equal footing and this was already common practice in GG&C. The Committee considered the request and were content with the proposal. The appeal would be resubmitted to the Medicines Utilisation Subcommittee.		

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	APPROVED		
b)	**(1) Non-Medicines Utilisation Subcommittee**		
	Mrs McLean presented the paper 'Non-Medicines Utilisation Subcommittee Six Month Report [Paper2212]. Mrs McLean provided an update on the work of the Subcommittee, which included; • Meetings were now held on a quarterly basis. • Ongoing review of guidelines. Final sign off was pending on two guidelines reviewed by the Subcommittee. • A new GP representative had been identified to join the Subcommittee. • National Stoma work was progressing. • Meetings were now held on a quarterly basis. • Service pressures remained ongoing. **(2) Unlicensed Medicinal Product Protocol Prescribing Larvae** Mrs McLean presented the above protocol to the Committee. The Committee noted that the protocol had been updated with minor amendments. The Committee were content for the Non-Medicines Utilisation Subcommittee to approve the protocol on behalf of the Area Drugs and Therapeutics Committee. **NOTED**		
	ADTC SUBCOMMITTEE UPDATES		
c)	**PRESCRIBING INTERFACE SUBCOMMITTEE**		
	Dr Hardman informed the Committee that the next Prescribing Interface Subcommittee meeting would be held in September. The Subcommittee's six month report was scheduled to be submitted to the October meeting. **NOTED**		

			ACTION BY
d)	**SAFER USE OF MEDICINES SUBCOMMITTEE**		
	As there was no representation from the Safer Use of Medicines Subcommittee present, this item was deferred to a future meeting. **NOTED**		
e)	**COMMUNICATIONS SUBCOMMITTEE**		
	Mrs Elaine McIvor provided an update on behalf of the Communications Subcommittee. The Subcommittee continued to meet every 4 weeks and was next scheduled to meeting at the end of August. Mrs McIvor reported that an Insulin safety blog series was in the process of being developed. This would include one on administration and self-administration in Hospital. The Committee noted that advice was being sought from safer use of medicines colleagues. Mrs McIvor informed the Committee that a DOAC blog series would be published in the coming weeks. Information on Medicines Update (including how to access the Therapeutics Handbook) was disseminated to new FY1s via the post graduate co-ordinators and educational blogs were advertised via Twitter. The Committee noted the update provided. **NOTED**		
f)	**PATIENT GROUP DIRECTIVE SUBCOMMITTEE**		
	As there was no representation from the Patient Group Directive Subcommittee present, this item was deferred to a future meeting. **NOTED**		
g)	**ANTIMICROBIAL SUBCOMMITTEE**		
	Dr Beth White informed the Committee that the Antimicrobial Subcommittee was due to meet next week. **NOTED**		

			ACTION BY
31.	**ADTC COLLABORATIVE UPDATE**		
	Ms Foot provided a verbal update on the ADTC Collaborative. The ADTC Collaborative Forum met last week. Alison Strath, Chief Pharmaceutical Officer, provided an update on behalf of the Scottish Government. Progress on the East Region Formulary was provided. Discussions were held regarding plans to expand the approach taken in the East to other regions in Scotland. The Committee noted that work was taking place with Directors of Pharmacy and Medical Directors on how best to progress with this. The Committee noted that CEL17 review work was ongoing. The work had been paused over the summer period. It was hoped that work would commence in the Autumn. The Committee noted the update provided. **NOTED**		
32.	**HEPMA UPDATE**		
	Mr Rob Puckett presented the paper 'HEPMA Progress Update' [Paper No. 22/13]. Mr Puckett informed the Committee that roll out of HEPMA was nearing completion. HEPMA had been rolled out across all Acute inpatient areas and all paediatric inpatients except NICU's. The final areas planned to progress for the initial phase would be the NICU's within RHC, PRM and RAH. Mental Health rollout at Stobhill and Rowanbank would continue for the next 4 weeks. The Committee noted that upgrades to improve the display of dosing information had been delayed due to ongoing issues with the replacement for the current business continuity solution. The Medical Reference Group continued to meet and discuss various issues. A decision was made to change the way the dose was displayed for intravenous drugs from mg and ampoules to mg only. The Committee received an update on the IDL integration and transfer of electronic Kardex to SCI store and noted a final review of the IDL was in process.		

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	The Committee were content to note the update provided and acknowledged the hard work that had been carried out. **NOTED**		
33.	**AOCB**		
	The Chair asked members to raise any other competent business. Dr Beth White raised an issues in relation to an increase in the number of complex biologics and an increase in the risk of TB reactivation. Dr White highlighted the need for GGC guidance for clinicians. The Committee noted that the guidance would be across specialties. The Committee noted that European guidance and available and would be considered when developing the GGC guideline. Dr White noted that dermatology and gastroenterology had still to be consulted. Dr White agreed to submit a SBAR for submission to the Medicines Utilisation Subcommittee for consideration. There were no other items of business raised. **NOTED**		Dr White
34.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday 10 October 2022, at 2pm, via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **15/08/2022**

Crizanlizumab

SMC2438

Adakveo® infusion

Indication:

Prevention of recurrent vaso-occlusive crises in sickle cell disease patients aged 16 years and older. It can be given as an add-on therapy to hydroxycarbamide or as monotherapy in patients for whom hydroxycarbamide is inappropriate or inadequate.

ADTC Discussion points

New treatment option for sickle cell disease.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Use for the prevention of recurrent vaso-occlusive crises in sickle cell disease patients is restricted to use by or on the advice of a consultant haematologist in patients where hydroxycarbamide is inadequate or inappropriate.

Delafloxacin

SMC2453

Quofenix® infusion

Indication:

Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults when it is considered inappropriate to use other antibacterial agents that are commonly recommended for the initial treatment of this infection.

ADTC Discussion points

A new indicaiton for this antimicrobial which local clinicians suggest may be used in OPAT when linezolid is contraindicated. This will be a protected antimicrobial.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use on the advice of a consultant microbiologist or infectious diseases physician for patients with acute bacterial skin and skin structure infections (ABSSSI) who have suspected or confirmed polymicrobial infection following treatment failure or when standard antibacterial therapies are not suitable.

Pegcetacoplan

SMC2451

Aspaveli® infusion

Indication:

Treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who are anaemic after treatment with a C5 inhibitor for at least 3 months.

ADTC Discussion points

A further option for PNH which is expected to displace existing treatment options.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use under the advice of the national PNH service in patients with paroxysmal nocturnal haemoglobinuria (PNH) who are anaemic after treatment with a C5 inhibitor for at least 3 months.

Potassium citrate and potassium hydrogen carbonate

SMC2409

Sibnayal® prolonged-release granules

Indication:

for the treatment of distal renal tubular acidosis (dRTA) in adults, adolescents and children aged one year and older.

ADTC Discussion points

Noted that only used rarely in adults, and expectation is that monitoring and review will remain with the renal clinics. Will be considered separately for inclusion in Paediatric Formulary.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation.

Roxadustat

SMC2461

Evrenzo® tablets

Indication:

treatment of adult patients with symptomatic anaemia associated with chronic kidney disease (CKD).

ADTC Discussion points

Oral alternative to erythropoiesis stimulating agents (ESA). In light of close monitoring and dose adjustment, ADTC considered that prescribing should remain with acute. The commissioning of a Homecare service to be able to supply this was noted to be favourable.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

The treatment of symptomatic anaemia associated with chronic kidney disease (CKD) is restricted to specialist use in patients who are non-dialysis dependent (NDD) at the time of treatment initiation.

Solriamfetol

SMC2439

Sunosi® tablets

Indication:

To improve wakefulness and reduce excessive daytime sleepiness in adult patients with narcolepsy (with or without cataplexy).

ADTC Discussion points

New second-line option which local clinicians suggest could be used prior to sodum oxyate (which is accessed via PAC2).

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use by clinicians within specialist sleep clinics in patients who have failed modafinil or have a contraindication or intolerance to modafinil.

Beclometasone, Formoterol and Glycopyrronium

SMC2334

Trimbow® inhaler

Indication:

maintenance treatment of asthma, in adults not adequately controlled with a maintenance combination of a long-acting beta2-agonist and high dose of inhaled corticosteroid, and who experienced one or more asthma exacerbations in the previous year

ADTC Discussion points

New asthma indication for high-dose ICS Trimbow and support from local clinciians. Will be incorporated into Inhaler Device Guide in due course.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Atezolizumab

SMC2492

Tecentriq® Infuaion

Indication:

as monotherapy as adjuvant treatment following complete resection for adult patients with Stage II to IIIA (7th edition of the UICC/AJCC staging system) non-small cell lung cancer (NSCLC) whose tumours have PD-L1 expression on ≥50% of tumour cells and whose disease has not progressed following platinum-based adjuvant chemotherapy.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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 development).

Daratumumab

SMC2447

Darzalex® injection

Indication:

In combination with cyclophosphamide, bortezomib and dexamethasone for the treatment of adult patients with newly diagnosed systemic light chain (AL) amyloidosis.

ADTC Discussion points

Referred to RCAG for regional protocol development.

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 development).

Enfortumab vedotin

SMC2505

Padcev® infusion

Indication:

Monotherapy for the treatment of adult patients with locally advanced or metastatic urothelial cancer who have previously received a platinum-containing chemotherapy and a programmed death receptor-1 or programmed death-ligand 1 inhibitor.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Vedolizumab

SMC2506

Entyvio® infusion

Indication:

Treatment of adult patients with moderately to severely active chronic pouchitis, who have undergone proctocolectomy and ileal pouch anal anastomosis for ulcerative colitis, and have had an inadequate response with or lost response to antibiotic therapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Remimazolam

SMC2454

Byfavo® injection

Indication:

in adults for procedural sedation.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Tepotinib

SMC2457

Tepmetko® tablets

Indication:

Treatment of adult patients with advanced non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition factor gene (MET) exon 14 (METex14) skipping alterations.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Abiraterone

NCMAG101

Zytiga tablets

Indication:

Proposed off-label use: High-risk hormone-sensitive non-metastatic cancer: 2 years of abiraterone with radical radiotherapy to the prostate and 3 years of androgen deprivation therapy (ADT)

ADTC Discussion points

This is the first advice from NCMAG not supporting this routine off-label use of abiraterone at this time. It is noted that re-evaluation of the advice will take place when abiraterone biosimilars are available.

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Cabotegravir

SMC2376

Vocabria® injection

Indication:

In combination with rilpivirine prolonged-release injection, for 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 without present or past evidence of viral resistance to, and no prior virological failure with agents of the NNRTI and INI class.

ADTC Discussion points

A service to allow the introduction of this preparation is now in place. This includes eligibility criteria assessmemt, an MDT to review cases and routine clinic space. Therefore this medicine can now be added to Formulary for routine use.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use by HIV Specialists in accordance with local guidance.

Ataluren

SMC2327

Translarna® oral suspension

Indication:

Treatment of Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years and older.

ADTC Discussion points

Avaialable via UO pathway and included in the NSS Ultra-oprhan risk share scheme.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use

Odevixibat

Bylvay® capsules

Indication:

Progressive familial intrahepatic cholestasis

ADTC Discussion points

This medicine is now available via the ultra-orphan pathway on an interim basis. It is also included in the NSS Ultra-Orphan Risk Share Scheme.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restrcited to specialist use.