

NHSGG&C(M) 20/01  
Minutes: 1 - 14

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Area Drugs and Therapeutics Committee  
held in the Boardroom, Meeting Room 1, West House, Gartnavel Royal Hospital  
on Monday 24<sup>th</sup> February 2020**

**PRESENT**

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Alison Campbell
Ms Gail Caldwell	Mrs Linda Hillan
Dr Raymund White	Ms Anne Thomson
Ms Kathrin Greschner	Mrs Aileen Muir
Mrs Audrey Thompson	Dr Fergus Maclean
Ms Gayle Robertson	

**IN ATTENDANCE**

Mr Zack Barlow	..	Secretariat
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		<b>ACTION BY</b>
<b>1.</b>	<b>CHAIRMAN'S STATEMENT</b>	
	<p>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.</p> <p>He also reminded members that they should make relevant declarations of interest in line with Board policy.</p> <p>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.</p>	
<b>2.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Apologies for absence were intimated on behalf of Ms Yvonne Clark , Ms Janice Watt, Dr Roger Hardman, Dr Judith Simpson, Dr Andrew Fitchett, Prof Gerry McKay, Dr Alister Maclaren, Dr Craig Harrow, Dr Alastair Taylor, Dr Gordon Forrest, Dr Beth White and Ms F Thomson.</p> <p>The Chair advised members that Dr Alastair Taylor would be stepping down from his position on the committee. On behalf of the committee, the Chair thanked Dr Taylor for his time and input to discussions and decisions over the period of his membership.</p> <p><b>NOTED</b></p>	

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<b>3.</b>	<b>MINUTES OF PREVIOUS MEETING: 9 DECEMBER 2019</b>		
	The minutes of the meeting held on Monday 9 <sup>th</sup> December 2019 were approved as an accurate record.  <b><u>APPROVED</u></b>		
<b>4.</b>	<b>MATTERS ARISING</b>		
	<p>The committee received an SBAR, prepared by Elaine Hamilton with the proposal for Maintelyte as preferred product for 'maintenance' intravenous fluids.</p> <p>The choice and prescribing practices of intravenous fluids continue to be subject of a national review within NHS Scotland. As part of the review, each Health Board has established an Adult Acute IV Fluid Steering Group.</p> <p>The Area Drugs and Therapeutics Committee was asked to consider Maintelyte as NHSGGC preferred choice of maintenance fluid instead of 0.18% Sodium Chloride with 4% Glucose and 0.3% Potassium Chloride where patients maintenance fluid requirements are not able to be met by the oral route;.</p> <p>There was concern from committee members that a move to Maitelyte would mean that NHSGGC is out of step with other Scottish health boards. The committee also noted that the current clinician involvement was fairly small and may not be representative of all specialties. Ms Hamilton advised that the Scottish Government were providing funding to support the introduction of the IV fluid policy and support any change, but that this funding was expected to cease in the summer. There is therefore some urgency in the need to finalise the approach that NHSGGC will take..</p> <p>The committee noted that although the switch would be cost effective, there was a need for wider stakeholder engagement. A suggestion was that the liaising with the Chiefs of Medicine may be one route to gaining wider stakeholder involvement.</p> <p>Ms Hamilton thanked the committee for the feedback.</p> <p><b><u>NOTED</u></b></p>		
<b>5.</b>	<b>NEW MEDICINES FOR CONSIDERATION</b>		
	(1) Report on SMC Product Assessments		
	<p>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.</p> <p>No declarations of interest were made.</p> <p><i>See Appendix 1 for summarised decisions</i></p> <p><b><u>NOTED/APPROVED/AGREED</u></b></p>		

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	<p>Noting the advice relating to the two medicines reported as coming via the Ultra-Orphan (UO) par, Ms Greschner raised a number of potential issues and consideration for the committee. This was to help inform the development of a local process for UO medicines. There were particular discussions around whether IPTR or PACS2 should be used for access to UO medicines that were not yet routinely available via the pa</p> <p>It was agreed that Ms Greschner should link with NHS Lothian to ascertain their approach to this situation. Following that, it was suggested that the ADTC Collaborative may be able to facilitate a national approach to Scottish Government for clarity around some of these issues.</p>	
6.	<b>MEDICINES UTILISATION SUBCOMMITTEE – 6 MONTHLY REPORT</b>	
	<p>The committee received the 6 monthly report from the Medicines Utilisation Sub-Committee for noting.</p> <p>The report highlighted the areas which the committee continues to focus on, including; Guidelines/Protocols, MU Reports, Clinical Effectiveness reports, GGC Therapeutics Handbook, Medicines Education and Adult Medicines Formulary Management issues.</p> <p>A total of 13 guidelines/protocols had been reviewed and approved by the committee over the past 6 months, with 8 of the guidelines posted within the GGC Staffnet Guideline Electronic Directory.</p> <p>Work had started on the change of LMWH of choice for adult thromboprophylaxis across NHSGGC to dalteparin. Work also continued towards the publication of Ivacaftor 5 year outcome project. Two projects had started in collaboration with the MS team. The ADTC Collaborative was considering options for the roll out of the NHSGGC DOAC patient Information Booklet and Alert Card across NHS Scotland.</p> <p>The GGC medicines app was being updated to ensure it continued to work effectively with the latest software on common mobile devices. Discussions around the development of a Regional therapeutic Handbook were ongoing with interest from NHS Lanarkshire, NHS Ayrshire and Arran, NHS Forth Valley, NHS Dumfries and Galloway and the Golden Jubilee National Hospital.</p> <p>The committee acknowledged the 6 monthly report and thanked the subcommittee for the update.</p> <p><b><u>NOTED</u></b></p>	
7.	<b>SUMMARY OF NEW MEDICINES ADVICE 2019</b>	
	<p>The Committee noted the Formulary and New Drugs Sub-Committee Annual Report to inform ADTC of the work of the Sub-Committee.</p> <p>The Formulary and New Drugs (FND) Sub-Committee was disbanded during 2019 with the implementation of SMC advice. The Committee noted the graph included in the report which compares SMC decisions from 2016-2019.</p>	

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	<p>During 2018, advice on 32 medicines included the PACE step. Of the 32 medicines, 25 (78%) were cancer medicines. 16 were accepted and 9 were not recommended.</p> <p>There was an increasing number of complex Patient Access Schemes (PAS) in place which offer an indication specific price. The Committee noted that this creates an additional administrative burden for the service as data requires to be submitted.</p> <p>The committee had a discussion around the relevance of the report, noting that similar patterns as previous years were present within the report. It was decided that the ADTC would no longer look to receive the report on an annual basis.</p> <p><b><u>DECIDED</u></b></p>	
<p><b>8.</b></p>	<p><b>OTHER ADTC SUBCOMMITTEE UPDATES</b></p>	
	<p>a) <u>Prescribing Interface Subcommittee</u></p> <p>It was advised that the committee met in December and March. It was noted that a revised Shared Care Agreement for growth hormone had been approved and was available on the GGC Medicines website.</p> <p>b) <u>Therapeutics Subcommittee</u></p> <p>Marie Ann McLean had been appointed as Chair of the committee.</p> <p>c) <u>Safer Use of Medicines Subcommittee</u></p> <p>No update.</p> <p>d) <u>Communications Subcommittee</u></p> <p>No update.</p> <p>e) <u>Antimicrobial Subcommittee</u></p> <p>No update.</p> <p><b><u>NOTED</u></b></p>	
<p><b>9.</b></p>	<p><b>ADTC COLLABORATIVE UPDATE</b></p>	
	<p>The Committee noted the Area Drugs and Therapeutics Committee Collaborative newsletter for February 2020.</p> <p>The committee noted the EAMs updates issued.</p> <p>An ADTC Webex had taken place.</p> <p>The Scottish Parliament Health and Sport Committee are undertaking an inquiry into the Supply and Demand for Medicines. The inquiry will not cover advice on</p>	

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	<p>the clinical and cost-effectiveness of new medicines or whether new medicines should be routinely available for prescribing by the NHS in Scotland. The ADTCC have been asked to attend the inquiry session on prescribing.</p> <p>The ADTCC had wrote to health boards in Scotland asking them to respond as to whether the NHS board position for the use of cannabis-based medicinal products was in line with current Scottish Advice. NHSGGC advised that its position was in line with current guidance and processes for the four therapeutic areas covered (intractable nausea and vomiting, chronic pain, spasticity and severe treatment-resistant epilepsy).</p> <p>It was expected that the Scottish Government would respond to the latest PACS 2 consultation mid-March.</p> <p>The National Review Panel are looking for more representatives from health boards.</p> <p><b><u>NOTED</u></b></p>	
10.	<b>ADTC AND ADTC SUB COMMITTEE REVIEW</b>	
	<p><u>Paediatric Drug and Therapeutics Committee Review</u></p> <p>The committee received the Paediatric Drug and Therapeutics Committee Review for comment.</p> <p>The paper highlighted the committee's interest in improving the clinical engagement with the ADTC by providing a direct report of Paediatric DTC issues and outcomes as part of a standing item on the ADTC agenda.</p> <p>The report also highlighted the committee's ambition to become the key approving group for Clinical Guidelines in Paediatrics that include medicines.</p> <p>The ADTC were happy to support the recommendations in the paper and were keen that the outcomes from Paediatric DTC were more prominent within the ADTC agenda. Paediatric DTC would be added to future agendas.</p> <p><b><u>NOTED</u></b></p>	<b>Secretary</b>
11.	<b>HEPMAS PROGRESS UPDATE</b>	
	<p>The committee received the Hospital Electronic Prescribing and Medicines Administration (HEPMA) progress update for noting.</p> <p>The SBAR report highlighted that the HEPMA Full Business Case (FBC) had been approved and contract negotiations with the supplier were underway.</p> <p>NHSGGC would look to implement HEPMA across inpatient wards including adult, paediatric and Mental Health. HEPMA would also integrate with the TrakCare PMS and Orion Clinical Portal. The eHealth Safer Use of Medicines Programme Board (eSUM PB) would oversee the HEPMA implementation.</p>	

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	<p>eSUM were assessing options for a pilot site and rollout order. The design &amp; build phase is scheduled to take approximately nine months.</p> <p>Training and support would be provided by a dedicated team of HEPMA facilitators. NHSGGC has engaged with other NHS Boards and English trusts already live with HEPMA to gather lessons learned and optimise the implementation approach.</p> <p>The ADTC noted that they would be a large stakeholder in the programme. The Chair would look to write to Alastair and Gerry to ask about representation for the committee.</p> <p><u>NOTED</u></p>	<b>Chair</b>
<b>12.</b>	<b>PMG UPDATE</b>	
	<p>Mrs Muir provided an update from the most recent PMG meeting which included a summary of current management of the acute medicines budget and the aims and objectives of outcome work planned for the Multiple Sclerosis service</p> <p>Mrs Muir thanked the ADTC for supporting the group.</p> <p><u>NOTED</u></p>	
<b>13.</b>	<b>ANY OTHER BUSINESS</b>	
	<p>The group received a late paper regarding the Homecare Medicines Service Policy for noting. Mrs Robertson provided an update.</p> <p>Mrs Muir advised that a quarter of acute prescribing spend are for homecare drugs. The Scottish Government had set out a framework in how to manage homecare drugs, by suggesting the consideration of new models. A homecare governance group was to be established for the health board. The multidisciplinary group would look at the new homecare models which would take direction from the national groups.</p> <p>It was questioned if the policy applied to appliances as well as medicines. Mrs Muir would look to ask the national group the question and would feedback. The committee welcomed the policy and were keen to provide advice and support going forward.</p> <p><u>NOTED</u></p>	<b>Mrs Muir</b>
<b>14.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>	
	Monday 27 <sup>th</sup> April 2020, 2pm, Boardroom, JB Russell House.	

## Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **24/02/2020**

### **Teduglutide**

SMC2225

Revestive® injection

#### **Indication:**

for the treatment of patients age 1 year and above with short bowel syndrome (SBS). Patients should be stable following a period of intestinal adaptation after surgery.

#### **ADTC Discussion points**

This submission is for use in adults (previously not recommended, but accepted for children). Is a very specialised service and aim would be to reduce number of nights on home parenteral nutrition. The Specialist Team will identify suitable patients, who will be subject to review to assess treatment success.

#### **ADTC Decision:**

Routinely available in line with local or regional guidance

#### **Local restrictions on use:**

Restricted to specialist use in patients with short bowel syndrome who are stable following a period of intestinal adaptation after surgery in accordance with locally agreed guidance notes (see below)

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### **Abiraterone acetate**

SMC2215

Zytiga® tablets

#### **Indication:**

Abiraterone acetate with prednisone or prednisolone for the treatment of newly diagnosed high risk metastatic hormone sensitive prostate cancer in adult men in combination with androgen deprivation therapy.

#### **ADTC Discussion points**

Referred to RCAG for development of regional protocol

#### **ADTC Decision:**

Routinely available in line with local or regional guidance

#### **Local restrictions on use:**

Restricted to specialist use only in accordance with regional protocol

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### **Brentuximab Vedotin**

SMC2229

Adcetris® infusion

#### **Indication:**

Treatment of adult patients with CD30+ cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy.

#### **ADTC Discussion points**

Referred to RCAG for development of regional protocol

#### **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 the treatment of patients with advanced CTCL, defined as mycosis fungoides stage IIB and above, primary cutaneous anaplastic large cell lymphoma or Sézary Syndrome.

## Cemiplimab

SMC2216

Libtayo® infusion

### Indication:

As monotherapy for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma (CSCC) who are not candidates for curative surgery or curative radiation.

### ADTC Discussion points

Referred to RCAG for development of regional protocol.

### 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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## Encorafenib plus Binimetinib

SMC2238

Braftovi® Capsules

### Indication:

In combination with binimetinib for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.

### ADTC Discussion points

Referred to RCAG for development of regional protocol

### 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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## Apalutamide

SMC2268

Erleada® tablets

### Indication:

In adult men for the treatment of non-metastatic castration-resistant prostate cancer (NM-CRPC) who are at high risk of developing metastatic disease.

### ADTC Discussion points

### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

### Local restrictions on use:

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## Daratumumab

SMC2269

Darzalex® infusion

### Indication:

In combination with lenalidomide and dexamethasone for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

### ADTC Discussion points

#### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

#### Local restrictions on use:

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## Ranibizumab

SMC2270

Lucentis® injection

### Indication:

Treatment of proliferative diabetic retinopathy in adults.

### ADTC Discussion points

#### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

#### Local restrictions on use:

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## Sodium Zirconium Cyclosilicate

SMC2233

Lokelma® suspension

### Indication:

treatment of hyperkalaemia in adult patients

### ADTC Discussion points

#### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

#### Local restrictions on use:

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## Fremanezumab

SMC2226

Ajovy® injection

### Indication:

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

### ADTC Discussion points

ADTC agreed to defer addition to Formulary until a protocol for use was developed by the service. It was noted that this reflected the process followed for erenumab.

#### 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:

10/08/2020

#### Local restrictions on use:

Ocrevus® infusion

**Indication:**

Treatment of adult patients with early primary progressive multiple sclerosis (PPMS) in terms of disease duration and level of disability, and with imaging features characteristic of inflammatory activity.

**ADTC Discussion points**

ADTC agreed to defer addition to Formulary to allow the completion and approval of a supporting protocol for use. Noted that the protocol had already been drafted by the service.

**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:

27/04/2020

**Local restrictions on use:**

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