ADTC(M) 22/04
Minutes 35 - 45

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Drugs and Therapeutics Committee held on Monday 10 October 2022 at 2.00pm via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Mr Roy Foot	Mrs Janice Watt
Dr Gordon Forrest	Mrs Elaine McIvor
Dr Roger Hardman	Prof Gerry McKay
Mr Alister MacLaren	Dr Stefanie Lip
Dr Maureen Byrne	Ms Fiona Thomson
Ms Aileen Muir	Dr Beth White
Ms Audrey Thompson	

IN ATTENDANCE

Ms Amy Thomson	..	Rotational Pharmacist (Observer)
Mr Rob Puckett		Lead HEPMA Pharmacist
Ms Elaine Paton		Lead Pharmacist, Item 06c
Mrs Louise Russell	..	Interim Secretariat Manager (Minute)

			ACTION BY
35.	**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
36.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the October meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were intimated on behalf of Mr Alex Crighton, Mrs Mairi-Anne McLean and Dr Judith Simpson. **NOTED**		
37.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday 15 August 2022 [Paper No. ADTC(M)22/03] and were content to accept this as an accurate record pending an amendments to the Communications Subcommittee update. Mrs McIvor agreed to submit revised wording to the Secretary. **APPROVED**		Mrs McIvor/ Secretary
38.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
39.	**NEW MEDICINES FOR CONSIDERATION**		
(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.*		
40.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Prescribing Interface Subcommittee**		

			ACTION BY
	Dr Hardman presented the paper 'Prescribing Interface Subcommittee Report' [Paper22/15]. The Committee noted the update report which provided a summary of the work undertaken by the Committee from December 2021 – September 2022 and updated on future work. The Subcommittee continued to meet on a quarterly basis. Dr Hardman informed the Committee that one new Shared Care Agreement had been approved and published for Methotrexate for Dermatology use. A review of existing Shared Care Agreements were carried out for Adefovir for Hepatitis B in Adults and Lamivudine for Hepatitis B in Adults which were approved. An updated Shared Care Agreement for Melatonin for sleep disorders in children which reflect newly licensed formulations was reviewed and approved. The Committee noted that a Short Life Working Group had been established to look at developing a patient pathway and a Shared Care Agreement for Liraglutide for weight management. The Committee were content to note the update provided. **NOTED**		
b)	**Communications Subcommittee**		
	Mrs McIvor presented the paper 'Communications Subcommittee Six Month Report' [Paper22/16]. The Subcommittee contained to meet virtually every 4 weeks. In addition, a Steering Group meeting was held twice per year to discuss the overall strategy of the group. The next meeting was due to take place on 18th November 2022. Mrs McIvor reported that there had been an increase in medical representation on the Committee. There were now 4 Acute Physicians on the Committee. The Committee continued to publish Medicines Update blogs, with 53 blogs published between 05.01.22 and 20.09.22. The key themes of the blogs continued to include patient safety, changes in clinical practice and cost efficiencies. Twitter continued to be used to advertise new Medicines Update blogs. As at 20/09/22, there were a total of 1671 Twitter followers.		

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	A gradual increase to the number of subscibers was noted. Mrs McIvor reported that targeted tweets had been sent out over July/August for new Doctors and Pharmacists that had joined GG&C. Corporate communications continued to advertise Medicines Updates via Hot Topics on StaffNet and the Core Brief in May 2022. The Committee noted that links to new and updated blogs would be included in the Core Brief from September 2022. The Committee noted the results from the Medicines Update blog survey. Mrs McIvor reported that overall the results were positive. The Committee noted that following the results, areas of focus would include exploring ways of improving access to the blogs within the GGC Medicines website and App, raising awareness, reviewing methods of dissemination and considering content for nursing staff and non-prescribers. In response to a question regarding using Whats App for bulletins, the Committee noted that further investigation regarding the governance around this would be required. The Committee were content to note the update provided. **NOTED**		
c)	**Patient Group Direction Subcommittee**		
	Ms Paton presented the paper 'Patient Group Direction Subcommittee Six Month Report' [Paper22/17]. The Committee noted the update report which provided a summary of the work undertaken by the Committee from January – June 2022. The Committee noted there would remain close monitoring of the vaccination transformation programme and provision of PGDs to support would be ongoing. Ms Paton reported that the membership of the group and processes associated with the approval of PGDs were under review. The Committee acknowledged the vast amount of work that had been carried out by the PDG Group throughout the pandemic and		

			ACTION BY
	the valuable work that continued to be carried out moving forward. **NOTED**		
	ADTC SUBCOMMITTEE UPDATES		
d)	**Medicines Utilisation Subcommittee**		
	No specific update. **NOTED**		
e)	**Safer Use Of Medicines Subcommittee**		
	No specific update. **NOTED**		
f)	**Non-Medicines Utilisation Subcommittee**		
	No specific update. **NOTED**		
g)	**Antimicrobial Subcommittee**		
	No specific update. **NOTED**		
41.	**YELLOW CARD SCOTLAND – ANNUAL REPORT 2021/22**		
	Mrs McIvor presented the paper 'Yellow Card Scotland Annual Report 2021/22' [Paper22/18]. The report covered the period April 2021 to March 2022. The report highlighted an 18% increase in reporting compared to pre-pandemic levels. The majority of the source of non-Covid-19 reports were by patient groups.		

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	The report included the Scottish top ten suspected medicines reported in 2021/22 and 2020/21. The top 3 for 2021/22 were Influenza Vaccine, Nirmatrelvir/Ritonavir (Paxlovid) and Ivacaftor containing regimen. The report provided data on how GG&C compared against other Boards in Scotland. The report included comparative data from 2020/21 to 2021/22 for the Scottish top ten suspected medicines. The Committee noted that Edoxaban did not feature in the data for 2021/22. The report highlighted submission routes for Yellow Card Reports. The main routes were via the electronic Yellow Card and via the App. Mrs McIvor reported that training and further information was available on the Yellow Card website. A representative from Yellow Card was also due to present at a grand round on 12th October 2022. The Committee were content to note the update provided. **NOTED**		
42.	**ADTC COLLABORATIVE UPDATE**		
	The Committee noted the ADTC Collaborative Newsletter for August 2022. **NOTED**		
43.	**HEPMA UPDATE**		
	Mr Rob Puckett presented the paper 'HEPMA Progress Update for October 2022' [Paper No. 22/19]. Mr Puckett reported that phase one of HEPMA roll out was completed on 19th September 2022. A scoping exercise was being carried out to look at areas of Outpatient prescribing that couldn't be carried out in the community, for example at HIV and TB Clinics. The next phase would involve the HEPMA Team rolling HEPMA out in day unit/day hospital areas from October 2022 to March 2023. The Committee noted that upgrading to the newest version remained challenging. Work had taken place with Lothian to ensure that the proposed new business continuity plan would		

			ACTION BY
	work. It was hoped that progress would be made in the coming months. The Committee noted that the first HEPMA blog had been published. The next blog would include IDL integration. The Committee noted that a IDL integration pilot had recently completed in Cardiology. The ability to export HEPMA data to Portal would now be rolled out across all GG&C sites. The Committee noted that no timeline for this had been agreed yet. Mr Puckett reported that the Clinical Reference Group would continue to look at Datix. The Committee were content to note the update provided. **NOTED**		
44.	**AOCB**		
	The Chair asked members to raise any other competent business. Members were asked to consider re-establishing face to face meetings for the Committee. It was agreed that at this time online meetings would remain in place. The Chair thanked those present for attending and closed the meeting. **NOTED**		
45.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday 12 December 2022, at 2pm, via MS Teams.		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **10/10/2022**

Delta-9-tetrahydrocannabinol, cannabidiol

SMC2473

Sativex® oromucosal spray

Indication:

treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy.

ADTC Discussion points

Noted that likely to be used in combination with other anti-spascticity medicines. ADTC noted that in due course, this medicine may be able to be subject to ongoing prescribing by GPs in accordance with shared care agreement.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only.
Prescribing note: Patients commencing treatment should be reviewed via a formal assessment by the specialist service at 4 weeks with treatment being discontinued if a clinically significant benefit is not seen. Patients should continue to be reviewed regularly thereafter.

Filgotinib

SMC2475

Jyseleca® tablets

Indication:

for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Filgotinib may be used as monotherapy or in combination with methotrexate.

ADTC Discussion points

Resubmission purely for the moderate disease population (already on Formulary for severe disease). This new indication has been incorporated into the new draft of the RA biologic guideline.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with local guidelines.

Imlifidase

SMC2445

Idefirix® infusion

Indication:

desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. The use of imlifidase should be reserved for patients unlikely to be transplanted under the available kidney allocation system including prioritisation programmes for highly sensitised patients.

ADTC Discussion points

Very specific use covering an unmet need. A group are looking at ensuring that consistency in use across Scotland and UK.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use only

Ozanimod

SMC2478

Zeposia® capsules

Indication:

for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biologic agent.

ADTC Discussion points

New indication (Formulary for MS already) and considered by local experts to be used as 2nd/3rd line option.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use.

Relugolix, estradiol, norethisterone

SMC2442

Ryeqo® tablets

Indication:

Treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

ADTC Discussion points

Further consultation has taken place within Gynaecology Governance Group. Noted that preference of service is for specialist initation and initial review followed by ongoing prescribing by GP.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist initiation

Tofacitinib

SMC2463

Xeljanz® tablets

Indication:

Treatment of adult patients with active ankylosing spondylitis (AS) who have responded inadequately to conventional therapy

ADTC Discussion points

Included in an update to the AS Biologic Guideline considered recently by Medicines Utilisation. Experts advise that use will be likely third line.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with local guidelines.

Estradiol, micronised progesterone

SMC2502

Bijuve® capsule

Indication:

: continuous combined hormone replacement therapy (HRT) for estrogen deficiency symptoms in postmenopausal women with intact uterus and with at least 12 months since last menses. The experience in treating women older than 65 years is limited.

ADTC Discussion points

Support for addition to Formulary from local clinical expert as the only available combination product. ADTC agreed that this should be available to prescribers both in specialist services and primary care.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Trifarotene

SMC2441

Aklief® cream

Indication:

Cutaneous treatment of acne vulgaris of the face and/or the trunk in patients from 12 years of age and older, when many comedones, papules and pustules are present.

ADTC Discussion points

Local experts seem to suggest that it may, at least initiatlly be suitable for use in patients who have tried other retinoid preparations.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to use in patients who have failed on other topical retinoid preparations.

Upadacitinib

SMC2510

Rinvoq® tablet

Indication:

Treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.

ADTC Discussion points

Updacitinib is already on Formulary for rheumatology and dermatology indications and now is licensed for UC as an alternative JAK inhibitor.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use.

Apalutamide

SMC2472

Erleada® tablets

Indication:

Treatment of adults with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy (ADT).

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)

Nivolumab

SMC2458

Opdivo® infusion

Indication:

In combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥5

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)

Pembrolizumab

SMC2460

Keytruda® infusion

Indication:

in combination with chemotherapy, for the treatment of locally recurrent unresectable or metastatic triple-negative breast cancer in adults whose tumours express PD-L1 with a CPS ≥ 10 and who have not received prior chemotherapy for metastatic disease.

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) for use in combination with paclitaxel or nab-paclitaxel. Treatment with pembrolizumab is subject to a two-year clinical stopping rule.

Pembrolizumab

SMC2474

Keytruda® infusion

Indication:

In combination with lenvatinib, for the treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation.

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).Treatment with pembrolizumab is subject to a two-year clinical stopping rule.

Pembrolizumab

SMC2479

Keytruda® infusion

Indication:

As monotherapy for the adjuvant treatment of adults with renal cell carcinoma (RCC) at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.

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)

Defatted Arachis hypogaea L.

SMC2487

Palforzia® powder in capsules

Indication:

treatment of patients aged 4 to 17 years with a confirmed diagnosis of peanut allergy. Palforzia® may be continued in patients 18 years of age and older. Palforzia® should be used in conjunction with a peanut-avoidant diet.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Zanubrutinib

SMC2452

Brukinsa® capsules

Indication:

Monotherapy for the treatment of adult patients with Waldenström's macroglobulinaemia (WM) who have received at least one prior therapy, or in first line treatment for patients unsuitable for chemo-immunotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Brolucizumab

SMC2508

Beovu® injection

Indication:

In adults for the treatment of visual impairment due to diabetic macular oedema.

ADTC Discussion points

Deferred to allow further consultation with service around positioning.

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:

12/12/2022

Local restrictions on use:
