ADTC(M) 12/03
Minutes: 30 - 43

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the**
**Area Drugs and Therapeutics Committee**
**held in the Conference Room**
**Management Building**
**Southern General Hospital**
**on Monday, 11 June 2012 at 2.00 p.m.**

**P R E S E N T**

Dr J Gravil (in the Chair)

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| Dr A Bowman | Ms L Hillan |
| Dr J Burns | Dr H Hopkinson |
| Mrs J Camp | Dr G J A Macphee |
| Mrs A Campbell | Dr C E McKean |
| Mr R Foot | Dr A Seaton |
| Dr G Forrest | Dr A Taylor |
| Dr R J Hardman | Mrs A Thompson |

Mrs J Watt

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

Ms Sheila Tennant .. (representing Mrs M Ryan)
Mrs E Watt .. Secretariat

ACTION BY

**30. 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 stated in the agenda.

She also reminded Members that they should make relevant declarations of interest in line with Board policy as agenda items arose.

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.

**31. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Professor S Bryson, Mr A Crawford, Dr J Larkin, Dr G McKay, Dr P Moultrie, Mrs M Ryan, Dr G K Simpson and Dr N Smart.

ACTION BY

The Chair welcomed Ms Sheila Tennant, Prescribing Lead, North West Sector, to the meeting. Ms Tennant was representing Mrs M Ryan.

**32. MINUTES**

The Minutes of the meeting of the Area Drugs and Therapeutics Committee held on 16 April 2012 [ADTC(M) 12/02] were approved as a correct record.

NOTED

**33. ADTC APPOINTMENT**

Chair of Therapeutics Sub-Committee

The Chair advised that after the nomination process, Mrs J Camp had been appointed as Chair of the Therapeutics Sub-Committee.

NOTED

**34. FORMULARY AND NEW DRUGS SUB-COMMITTEE**

(1) SMC Evaluations / NICE/QIS Guidance

Dr Forrest gave a brief resume of the SMC reviews, and the Formulary and New Drugs Sub-Committee's recommendations These had been divided into sections for ease of understanding as outlined in the Appendix to this Minute.

Members were asked to consider and, if appropriate, ratify decisions by the Sub-Committee. Decisions made by the Committee are summarised in an Appendix to these Minutes and would be further publicised in PostScript and in the cumulative Formulary update available on the new Prescribing website and StaffNet.

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.

Two interests were declared.

The following was highlighted:-

Exenatide 5 micrograms & 10 micrograms, solution for injection, prefilled pen (Byetta®) [785/12] ***[Indication: As adjunctive therapy to basal insulin with or without metformin and/or pioglitazone in adults with type 2 diabetes who have not achieved adequate glycaemic control with these agents]***

The SMC decision was "Accepted for use within NHS Scotland".

The manufacturer estimated an additional 20-25 patients pa as a result of this advice.

A member pointed out that this figure may be underestimated and there could be budget implications for primary care. It was noted that there is a general upward trend for this group of medicines. Some concerns were also noted with regard to duration and links would be made with primary care to attempt to establish information on average duration of treatment.

The Formulary and New Drugs recommendation was that this medicine should be included in the Total Formulary for the indication in question

ACTION BY

A potential audit would be discussed with the Diabetes MCN and for ongoing monitoring.

DECIDED:

That decisions made by the Formulary and New Drugs Sub-Committee at their meeting on 25 May 2012 be ratified by the Committee.

(2) SMC Update – April 2012 – New Combined Oral Contraceptives

Mr Foot gave a brief summary of the above SMC Update: new versions of existing proprietary combined oral contraceptive (COC) products will not be subject to SMC assessment. These should be managed under ADTC/local Health Board Formulary processes. Any new marketed products that contain a new active substance will continue to require a full submission.

NOTED

(3) Appeals

(a) Macrogol Sachets (Laxido Orange®)

Mr Foot advised that an appeal for Macrogol Sachets (Laxido Orange®) for the treatment of chronic constipation to be used in the Preferred list as an alternative to lactulose had been received from Mr Sean MacBride-Stewart, Medicines Management Lead, Pharmacy and Prescribing Support Unit. No interests had been declared.

The motivation for inclusion in the Preferred list was to highlight this brand over alternative macrogols within the GP Practice Management System (with potential savings of £112k), . It was not intended to replace lactulose as the preferred osmotic laxative.

The primary concern of the Formulary Team was that repositioning Laxido Orange into the Preferred List could lead to an overall increase of macrogol prescribing displacing lactulose. This could have a significant impact on the savings suggested within this appeal.

The Sub-Committee were supportive of Laxido Orange being included in the GGC e-Formularies for GP Prescribing Systems, however a change to Formulary position was not mandatory in order to progress this.

That the Sub-Committee's recommendation was not to uphold this appeal but were supportive of Laxido Orange being included in the GGC e-Formularies for GP Prescribing Systems.

A discussion ensued and the following comments/suggestions included:-

- Promotion of Laxido Orange as the first line Macrogol preparation via Prescribing Indicators in primary care is already proving successful. A switch has been made by the Prescribing Support Teams. Practices are encouraged to use the Preferred List.
- The Electronic system was set up to highlight only the Preferred List medicines *[Noted that this particular issue could be rectified via the implementation of Script Switch]*.

DECIDED:

1. That the Committee ratify the Formulary and New Drugs Sub-Committee's decision not to uphold this appeal but were supportive of Laxido Orange being included in the GGC e-Formularies for GP Prescribing Systems.

ACTION BY

2. That a response be sent to the appellant. **Chair**

(b) Oxycodone M R Tablets (Oxycontin®)

Mr Foot advised that an appeal for Oxycodone M R Tablets (Oxycontin®) for peri-procedural analgesia for UAE had been received from Mr Keith Addie, Senior Clinical Pharmacist, Southern General Hospital and Dr Phillip Oates, Consultant Anaesthetist, Gartnavel General Hospital, on behalf of a Short Life Working Group to improve pain and nausea management during and following uterine artery embolisation (UAE). No interests had been declared.

The important points highlighted by the appellants were as follows:-

- Use of Oxycontin tablets vs PCA at Gartnavel General Hospital for Uterine Artery Embolisation (UAE) had been perceived to improve pain control, and reduce incidence of nausea and vomiting for patients undergoing this procedure.
- It was assumed to be cost neutral vs patient controlled analgesia (PCA) but more expensive than MST®/ Sevredol®.

The important points highlighted by the Formulary Team were as follows:-

- The first-line use of oxycodone proposed in the protocol contradicts current SMC advice.
- It is difficult to judge whether analgesia requirements after UAE are comparative to those in the references provided (after hip/knee arthroplasty).
- A direct comparison between oral morphine sulphate MR and oral oxycodone MR was not provided, therefore no conclusions can be drawn about the relative efficacy of these medicines.
- Potential increase in use in other specialties if this use was acknowledged

The Sub-Committee's recommendation was not to uphold this appeal as the proposed use of oxycodone goes against SMC restrictions on use and sufficient benefit over existing Formulary alternatives was not demonstrated.

A discussion ensued and the comments included the following:-

- The most appropriate comparator has not been considered.
- Concern that this may already be implemented.

DECIDED:

1. That the Committee ratify the Formulary and New Drugs Sub-Committee's decision not to uphold this appeal.

2. That a response be sent to the appellant outlining the Committee's reasons for not upholding the appeal and encouraging the use of modified release morphine tablets as an alternative to PCA. **Chair**

**35. WEST OF SCOTLAND CANCER NETWORK PRESCRIBING ADVISORY SUB-GROUP – SUMMARY OF ADVICE TO NHS BOARDS ADTCs – MAY 2012**

A summary of advice was tabled with the agenda papers from the Regional Cancer Advisory Group Prescribing Advisory Sub-Group. This outlined local implementation of SMC Guidance and NICE/QIS MTAs, regional guidance, clinical management guidelines and current work programme.

ACTION BY

Mrs Campbell advised that this had come direct to the ADTC and the medicines with new protocols had been included in the New Drugs Recommendation table discussed earlier in the meeting and were highlighted below.

The remainder of the advice would be processed locally via the Cancer Therapeutics Group.

A member asked what the time period was for receiving advice and a developing a protocol. Mrs Campbell responded indicating that it varied but was approximately six months. It was noted that the SMC timeline should be 90 days. Mrs Campbell pointed out that the Committee would have made a decision on this timescale but it would be "not to add pending protocol". The timeline for these decisions should be monitored.

- Erlotinib 25, 100 and 150mg film-coated tablets (Tarceva®) [749/11] ***[Indication: First-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (ECFR) activating mutations]***
- Imatinib 100mg & 400mg film-coated tablets (Glivec®) [584/09] ***[Indication Adjuvant treatment of adult patients who are at significant risk of relapse following resection of a KIT (CD117) positive gastrointestinal stromal tumour (GIST). Patients who have a low or very low risk of recurrence should not receive adjuvant treatment]***

The SMC decisions for the above drugs were "Accepted for use within NHS Scotland".

DECIDED:

That the above medicines be included in the GGC Total Formulary for the indications in question restricted to specialist use and in accordance with the relevant regional protocol.

## 36. ANTIMICROBIAL UTILISATION SUB-COMMITTEE (AUC)

(a) Six Monthly Update

Dr Seaton spoke on his paper which gave an overview of the work of the AUC. This gave information on the role/remit, membership, key outputs and items for discussion. Appendices to the paper were reports on empirical prescribing indicators (April – December 2011), surgical prophylaxis indicators and antimicrobial utilisation and HAI in GGC.

Dr Seaton advised that the membership had been expanded to include all sector antimicrobial pharmacists (5) to join the Sub-Committee. There has also been an increase in microbiology and infectious diseases (virology) representation.

He gave an overview of the key AUC outputs which included the following:-

- Infection management guidelines for in-patients. *[Updated in therapeutics handbook, poster to be completed]*.
- Infection management guidelines for primary care (adults). *[Posted on StaffNet]*.
- Infection management guidelines for primary care (children). *[Posted on StaffNet]*.
- Surgical and procedural prophylaxis guideline (principles and speciality specific). *[Review dates extended]*.
- Gentamicin and vancomycin prescribing guidance. *[New national guidance being developed in conjunction with GGC team]*.
- National SAB guidance. *[To be posted on StaffNet]*.
- Neutropenic sepsis guidance. *[Various amendments have been made to this guidance. Now available on staff intranet and in poster form in AMAUs]*.

Dr Seaton gave a summary of the following Appendices to his paper as indicated below:-

ACTION BY

(a) Empirical Prescribing Report : April – December 2011

(b) Surgical Prophylaxis Indicator Report : April – December 2011

Both reports outlined the background, method and results. There were national reports and GGC were achieving targets in AMAUs empirical prescribing indicators and improving with respect to surgical prophylaxis.

(c) Antimicrobial Utilisation and HAI in GGC

This was a series of graphs on the undernoted issues:-

- "4C" antibiotics in hospitals. The significant decline has reached a plateau. No evidence of increase in prescribing
- Alert Antibiotics (except meropenem) *[Noted DDD lower than 4C antibiotics] Increase in piperacillin tazobactam use. Under review.*
- Meropenem *[Increase in use but below that of 4C antibiotics. A Point Prevalence Study had been carried out. Results indicated that 90 – 95% was appropriate use, usually on the recommendation of an infection specialist].*
- Gentamicin *[Increase has now levelled. Short-term use (3 or 4 days) highlighted in guidance].*
- 4C antibiotics in primary care *[Downward trend from 2006/07. More restrictive guidance had been implemented from 2009].*
- Quinolones in Primary Care *[Concern that GGC may not achieve national prescribing indicator. 7 CH(C)Ps show increase in quinolone use - high prescribing in Glasgow North East. Audit had been carried out and results would be sent to Respiratory MCN. Audit also to be undertaken in Inverclyde CHP. A further communication would be sent to primary care prescribers with regard to this issue].*
- GGC HAI C diff cases per month *[Low levels of c.diff with GGC achieving the national target].*
- Prescribing indications in hospital. This included information on recording of indication, compliance with guidelines, and use of single dose in surgical prophylaxis.

Dr Seaton pointed out that there had been some communication with the Local Medical Committee as to whether further primary care representation was required on the AUC. It had been agreed to keep the status quo at the present time but would contact primary care if required on specific items when required.

The Chair thanked Dr Seaton for his reports and the work which was ongoing.

NOTED

**37. COMMUNICATIONS SUB-COMMITTEE**

(a) Six Monthly Report

Mrs Thompson advised that the membership of the Steering Group had been expanded to include the editors of the various PostScript bulletins. This allowed discussion on how to plan for the future and for the bulletins to be complementary. She was in preliminary discussions with Mr Foot in regard to dashboard websites.

Mrs Thompson advised that a number of bulletins came under the PostScript Banner – these were PostScript, PostScript Acute, PostScript Extra, PostScript Primary Care and PostScript Safety. She gave an overview of the undernoted papers:-

ACTION BY

- PostScript Bulletins : November 2011 – March 2012. *[This outlined content of all PostScript Bulletins and when they had been distributed]*.
- PostScript Bulletins (Possible Content) : April – September 2012 *[This was potential content for bulletins and was flexible. It was noted that PostScript Extra does not follow a set pattern and PostScript Primary Care cannot be planned for as this aims to be responsive to current issues for GPs]*.

Mrs Thompson would bring reports on PostScripts on a bi-annual basis.

DECIDED:

1. That the programme of PostScript Bulletins be included as a standard item on the Sub-Committee's six monthly report.. **Mrs A Thompson**

2. That any further comments on the above reports be sent directly to Mrs Thompson. **Members**

(b) PostScript

Issue 69 (March 2012) was attached with the agenda papers for information. This edition included articles on NSAIDs guidance, generic prescribing policy, citalopram/escitalopram QTc interval prolongation, ADTC decisions summary, anticoagulants in atrial fibrillation, case study on patchy understanding and web watch articles on drug safety update and management of CDs in primary care.

NOTED

**38. PRESCRIBING MANAGEMENT GROUP (PMG) – KEY POINTS OF THE MEETING HELD ON17 APRIL 2012**

Dr McKean gave a brief update of the key points for the above meeting. This included information on the following:-

- Parenteral Methotrexate in RA
- Dabigatran/Rivaroxaban
- Anti-VEGF usage in eye disorders *[This had been discussed at the CMT and National discussions were awaited]*
- Horizon scanning for 2011/12
- Horizon scanning for 2012/13
- ADTC Report
- Introduction and availability of new licensed medicines in NHS Scotland
- Hospital electronic prescribing and medicines administration (HEPMA) *[This was progressing]*.
- Improvement Plan from Mental Welfare Commission Report
- PMG Reports : Priorities.

NOTED

**39. MEDICINES UTILISATION SUB-COMMITTEE**

GP Information re Rivaroxaban for Patients with Acute DVT

Mr Foot advised that the above had been approved at the last meeting of the Committee with a suggestion that in addition to a protocol, clear information would be required for GPs.

Supporting information for GPs had been approved by the Sub-Committee subject to minor amendments. When this was finalised it would be put on StaffNet.

NOTED

ACTION BY

**40. THERAPEUTICS SUB-COMMITTEE**

Mrs Camp gave a brief update as follows:-

- New Formulary for Catheters *[This was in the process of being produced and was with Medical Illustration. 80% of catheters are used long term in the community. When finalised. The Catheter Formulary would be included in the Prescribing website, Emis (which includes a synonyms search function). It was pointed out that the national contracts for urinary products were under negotiation in the acute sector.*
- Non-Medical Prescribing Policy *[This policy has been updated In line with new Home Office legislation regarding controlled drugs, this policy has been revised and update and was available on the policy section of the Prescribing website].*

NOTED

**41. PAEDIATRIC FORMULARY**

Mr Foot spoke on his paper which advised that the first edition of the Paediatric Formulary had been produced by the GGC Paediatric Drugs and Therapeutics Committee. The paper highlighted variances to the GGC Adult Formulary and associated processes.

The proposed GGC Paediatric Formulary was primarily applicable to all prescribers within acute and community paediatric services within NHSGGC. It also has a role in supporting paediatric prescribing in primary care in terms of guidance as to unlicensed preparations routinely used within paediatrics. This was an evolving document.

This would formalise the process for appeals etc and would have no impact on non-Formulary systems.

Mr Foot gave a summary of a issues to note. This included that there are a large number of unlicensed medicines/preparations listed in the GGC Paediatric formulary and many licensed medicines are used off-label. This would mean that in line with the Unlicensed Medicines Policy these medicines could be prescribed without using an Unlicensed Medicines form. He also asked that the GGC Formulary change its name to "GGC Adult Formulary" and remove the paediatric specific advice from this.

DECIDED:

That the Committee endorse the GGC Paediatric Formulary, the renaming of the GGC Formulary to the Adult Formulary and removal of the paediatric specific advice from the current GGC Adult Formulary.

**42. NHSGGC YELLOW CARD REPORT : APRIL 2010 – MARCH 2011**

Dr McKean spoke on the above report which outlined that 1008 Yellow Card reports were submitted from Scotland. Of these reports 215 (21%) were received from NHS Greater Glasgow & Clyde. This was broken down by number received, total black triangle, total serious reactions, total paediatric reports and total herbal reports.

The number of yellow cards has been dropping and the importance of reporting should be reinforced with directorates.

A member asked if more detail on this information could be provided. It was noted that specific questions could be raised with MHRA.

A discussion ensued and it was highlighted that the yellow card reporting could have dropped for a variety of reasons including that people were targeting specific medicines. An example given was that in 2008/09 there was a push on vaccine reporting which may have skewed figures.

ACTION BY

DECIDED:

That the Safer Use of Medicines Sub-Committee look at the information in more detail and advise if there were specific actions which could be taken to increase reporting.

**43. DATE OF NEXT MEETING**

The next meeting of the Area Drugs and Therapeutics Committee would be held on Monday, 13 August 2012 at 2.00 p.m. in the Board Room, Corporate Headquarter, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 OXH.