ADTC(M) 15/05
Minutes: 53 - 67

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, 19 October 2015 at 2.00 p.m.

P R E S E N T

Dr J Gravil (in the Chair)

Mrs A Campbell	Dr S Muir
Dr G Forrest	Dr A Taylor
Dr R Hardman	Mrs M Ryan
Dr K McAllister	Dr C Harrow
Dr A Crighton	Ms A Muir
Mr R Foot	Prof G McKay
Mrs Y Semple	Mrs L Hillan
Dr J Simpson	Dr J MacKenzie
Dr J Burns	Dr G Simpson
Mrs A Thompson	Ms H Lindsay

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

Elaine Paton.....Senior Prescribing Advisor
Ms Heather Harrison.....Prescribing Advisor
Miss L Young.....Secretariat Officer

ACTION BY

53. 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.

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.

54. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr A Seaton, Mr A Crawford, Dr G MacPhee, Dr A Petrie, Dr J Larkin, Dr A Bowman and Mrs J Watt.

The Chair welcomed Ms Heather Harrison to the meeting who was in attendance for minute 56 and Ms Elaine Paton who was in attendance for minute 57a.

The Chair welcomed Ms Aileen Muir, Lead Pharmacist for Governance, to her first meeting of the Committee.

55. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on 17 August 2015 were approved as a correct record subject to the following amendments from Dr Taylor:

Page 2, Section 42:

Following addition to paragraph 4 - Dr O'Regan recognised GP concerns regarding prescribing valproate where it may be contrary to MHRA advice, and in those circumstances the hospital clinician might have to continue the prescription.

Paragraph 6, last sentence to be amended to Dr Taylor noted that responsibility would be carried by the GP if continuing the prescription.

NOTED

56. LAY REPRESENTATIVE INVOLVEMENT IN THE POLYPHARMACY ADTC SUB-GROUP

Ms Heather Harrison provided an overview of lay representation involvement at the ADTC Polypharmacy Sub-Committee. There are three lay representatives as members of the group who provide a patient centred focus. Ms Harrison described the recruitment process which included preparing a job description. The role was advertised in the Health News publication and 14 high calibre candidates applied. The process involved looking at the experience of the candidates, for example participation in working groups. Ms Harrison described some additional commitments which included holding a pre meeting with lay representative to assist with understanding of the agenda and clarification of specific items. Ms Harrison reported that the lay representatives have raised the profile of polypharmacy in other forums and had contributed suggestions for improving communication. Some of the challenges included use of acronyms and jargon and members of the Sub-Committee have modified language used accordingly.

The Committee discussed the benefits of having lay representatives at ADTC however it was agreed that some of the subcommittees may be more appropriate to bring an added focus. Mrs Thompson agreed to give this further thought with the Communications Sub-Group. Ms Harrison would also offer one of the current Polypharmacy lay representatives the opportunity to attend ADTC and provide their views.

Mrs Thompson
Ms Harrison

57. MATTERS ARISING

(a) Minor Ailment Service Formulary

Following the last meeting, the Committee were keen to gain a better understanding of the Minor Ailment Service Formulary. Ms Elaine Paton attended the meeting to provide background. The Formulary was based on the Community Pharmacy Scotland National Formulary however GG&C felt this was too broad therefore removed any products deemed "not suitable". The Formulary has been streamlined through feedback from GP's and prescribing groups. Patients require to register with a local pharmacy to access this service.

Ms Paton clarified that the pharmacy generates a prescription and there is no charge to the patient. Any medicines that are not blacklisted can be included, however the Formulary aims to direct prescribing to the most cost effective options.

DECISION:

The Committee agreed to approve the Formulary.

(b) MHRA Restrictions on Prescribing Valproate in Children

Mr Foot gave a summary from the last meeting: the local specialists were proposing a prescribing position for valproate that was not consistent with MHRA advice. ADTC favoured a national approach but it was noted this could not be facilitated by NHS HIS. It was suggested that the specialist

paediatric epilepsy network might be able to support. The Chair will contact the Scottish Paediatric Epilepsy Network to discuss preparing a national response. **Chair**

58. FORMULARY AND NEW DRUGS SUB-COMMITTEE

Report on SMC Product Assessments

Dr Muir gave a brief resume of the SMC reviews and the Formulary and New Drugs Sub-Committee's recommendations.

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.

Six declarations of interest were made.

Accepted but not added

(a) insulin degludec/liraglutide 100 units/mL / 3.6mg/mL solution for injection pre-filled pen (Xultophy®)[1088/15] *[Novo Nordisk A/S]**[Full Submission][Indication: Treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a GLP-1 receptor agonist or with basal insulin do not provide adequate glycaemic control.]***

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

The Formulary and New Drugs Sub-Committee proposed that the above medicine was not added to the formulary as the insulin component was not recommended by SMC as a single agent and is therefore not included in the Formulary. The group were also of the opinion that the company positioning to add liraglutide to basal insulin would be infrequent and generally insulin would be added to GLP-1 agonist (and this had not been addressed in the submission). The Committee noted that clinicians would like the opportunity to use the above medicine for a small number of patients. The Committee discussed the pros and cons of adding this product to the formulary. There are a number of patients on insulin and GLP1 who are well established therefore this product may be seen as convenient. It was noted that the company sequencing would require making two changes (changing insulin and adding GLP-1) and this could add risk.

The Committee agreed to defer a decision on the above medicine and MCN will be approached regarding a protocol to clearly describe this medicines position in practice.

(b) insulin glargine 300 units/mL solution for injection in a pre-filled pen (Toujeo®)[1078/15]*[Sanofi]**[Abbreviated Submission][Indication: Treatment of type 1 or type 2 diabetes mellitus in adults aged 18 years and above.]***

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

The Committee noted the high strength of the above product and the risk of potential overdose. There was no clinical support to add to the formulary at present.

The Committee agreed that this medicine should not be added to the formulary as clinicians do not support it.

Major Changes

(c) abiraterone acetate 250mg tablets (Zytiga®) [873/13] *[Janssen-Cilag Ltd]**[Independent Review Panel][Indication: abiraterone acetate is indicated with prednisone or prednisolone for the treatment of metastatic castration resistant prostate cancer (mCRPC) in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.]***

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

This medicine has been accepted after Independent Review Panel assessment. The committee noted the major development to use this medicine prior to chemo. Potentially large patient numbers are predicted and this budget impact is included in the financial plan for this year.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist use in accordance with regional protocol (in development).

(d) bevacizumab 25mg/mL concentrate for solution for infusion, (Avastin®)[1063/15]*[Roche Products Limited]****[Full Submission][Indication: in combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin for the treatment of adult patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who received no more than two prior chemotherapy regimens and who have not received prior therapy with bevacizumab or other vascular endothelial growth factor (VEGF) inhibitors or VEGF receptor-targeted agents.]***

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

The above medicine was considered under the end of life and ultra-orphan process. Progression free survival rate doubles and improvements in patient symptoms were noted. This medicine has the disadvantage of complex PAS however the service has advised that this can be managed.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist use in combination with paclitaxel in accordance with regional protocol (in development).

(e) ciclosporin 1mg/mL (0.1%) eye drops emulsion (Ikervis®) [1089/15] *[Santen GmbH]****[Full Submission][Indication: treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes.]***

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

The Committee noted this medicine replaces use of an unlicensed product. No significant cost implications are expected.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist initiation.

(f) nintedanib 100mg and 150mg capsules Ofev®)[1076/15] *[Boehringer Ingelheim]****[Full Submission][Indication: in adults for the treatment of idiopathic pulmonary fibrosis (IPF).]***

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

The above medicine offers an alternative to pirfenidone and may be better tolerated. Clinicians reported some disappointment in the restriction.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted in line with SMC advice and cases to be approved by an ILD MDT.

(g) pasireotide (as pamoate), 20mg, 40mg 60mg powder and solvent for suspension for injection (Signifor®)[1048/15]***[Novartis Pharmaceuticals UK Ltd.][Full Submission][Indication: Treatment of adult patients with acromegaly for whom surgery is not an option or has not been curative and who are inadequately controlled on treatment with another somatostatin analogue.]***

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

Small patient numbers are predicted. The advice takes account of the views of a PACE meeting.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist use.

(h) radium-223 dichloride 1000kBq/mL solution for injection (Xofigo®)[1077/15] ***[Bayer Pharma AG][Full Submission][Indication: for the treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases.]***

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

The Committee noted that the above medicine cannot be delivered until the service infastructure is in place. A business case has been prepared in readiness for this advice.

Dr Taylor and Dr McKenzie highlighted that use of some other radiopharmaceuticals required special arrangements for disposal of clinical waste (e.g. urine). Advice on this would be expected to be in the protocol: the Committee agreed that this should be flagged.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) pending protocol, restricted to specialist use in accordance with regional protocol (in development) when the service is ready to implement.

(i) tiotropium 2.5 microgram, solution for inhalation (Spiriva® Respimat®) [1028/15]*[Boehringer-Ingelheim Limited]****[Full Submission][Indication: As add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of inhaled corticosteroids (≥800 micrograms budesonide/day or equivalent) and long-acting beta$_2$ agonists and who experienced one or more severe exacerbations in the previous year.]***

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

The Respiratory MCN prescribing subgroup have discussed the potential costs associated with this licence extension and have defined a clear place in therapy.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) restricted to initiation by clinicians experienced in the management of asthma.

Minor Changes

(j) aflibercept 40mg/mL solution for injection (Eylea®)[1074/15] [*Bayer]****[Full Submission][Indication: for adults for the treatment of visual impairment due to macular oedema secondary to branch retinal vein occlusion.]***

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

The Committee noted that this medicine is already established for other ophthalmology indications.

The Committee agreed that this medicine should be added to the Adult Formulary (total formulary) for the indication in question restricted to specialist use in accordance with local protocol (in development).

(k) bortezomib 3.5mg powder for solution for injection (Velcade®) [1075/15][Janssen-Cilag Ltd]***[Full Submission][Indication: in combination with rituximab, cyclophosphamide, doxorubicin and prednisone for the treatment of adult patients with previously untreated mantle cell lymphoma who are unsuitable for haematopoietic stem cell transplantation.]***

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

Small patient numbers are predicted for the new indication.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist use in accordance with regional protocol (in development).

(l) empagliflozin plus metformin 5mg/85mg, 5mg/1000mg, 12.5mg/850mg, 12.5mg/1000mg film-coated tablets (Synjardy®)[1092/15] *[Boehringer Ingelheim Ltd.]**[Abbreviated Submission] [Indication: in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control;in patients inadequately controlled on their maximally tolerated dose of metformin alone, in patients inadequately controlled with metformin in combination with other glucose-lowering medicinal products, including insulin, in patients already being treated with the combination of empagliflozin and metformin as separate tablets]*

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

In line with previous similar products GGC will also restrict to where there are demonstrable issues with complying with separate agents. However, it was noted that the prescribing team are considering the cost implications of combinations vs separate agents as the risk/benefit balance may have changed with recent price increase for single agent metformin. This is a separate piece of work that will be reported at a later stage. Mr Foot acknowledged that there had been a number of new medicines in this new class added to Formulary, that in due course a section review will follow that can select preferred options. The Committee agreed that generic prescribing should be encouraged.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to initiation by clinicians experienced in the management of diabetes and for patients who have demonstrable compliance issues with separate components.

(m) ledipasvir/sofosbuvir 90mg/400mg film-coated tablet (Harvoni®)[1084/15]*[Gilead Sciences Ltd]**[Full Submission][Indication: Treatment of genotype 3 chronic hepatitis C (CHC) in adults.]*

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

The Committee acknowledged this additional treatment option however noted that it is not preferred over existing medicines for this genotype. Treatment choice will be directed by national guidance.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist use. A prescribing note will be added to highlight that treatment choice is directed by National Guidance.

(n) lisdexamfetamine dimesylate, 30mg, 50mg and 70mg hard capsules (Elvanse Adult®)[1079/15]*[Shire Pharmaceuticals Ltd.]**[Full Submission][Indication: as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in adults. Based on clinical judgment, patients should have ADHD of at least moderate severity.]*

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

The Committee noted the licence extension. Dr Taylor enquired as to the monitoring requirements. This was to be confirmed. **Mr Foot**

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist initiation.

(o) midodrine hydrochloride (Bramox®) 2.5mg, 5mg tablets [1094/15] *[Brancaster Pharma Ltd]**[Abbreviated Submission][Indication: in adults for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate.]***

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

This would replace use of an unlicensed product whose place in therapy was well established. The Committee noted the potential for serious side effects.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist initiation.

(p) sitagliptin, 25mg, 50mg and 100mg film-coated tablets (Januvia®)[1083/15]*[Merck Sharpe and Dohme UK Ltd]**[Full Submission][Indication: the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as add-on to insulin (with or without metformin) when diet and exercise plus stable dose of insulin do not provide adequate glycaemic control.]***

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

The Committee noted the minor licence extension.

The Committee agreed that this medicine should be added to the Adult Formulary (Preferred List) for the indication in question.

(q) tafluprost 15micrograms/mL and timolol 5mg/mL preservative-free eye drops (Taptiqom®)[1085/15]*[Santen GmbH]**[Abbreviated Submission][Indication: Reduction of intraocular pressure in adult patients with open angle glaucoma or ocular hypertension who are insufficiently responsive to topical monotherapy with beta-blockers or prostaglandin analogues and require a combination therapy, and who would benefit from preservative-free eye drops.]***

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

The Committee noted that this combination product is lower cost than the individual components given separately and is preservative free.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist initiation for use in patients who have proven sensitivity to preservatives.

(r) trastuzumab 150mg powder for concentrate for solution for infusion (Herceptin®)[623/10] *[Roche Products Ltd.]**[Resubmission][Indication: combination with capecitabine or fluorouracil and cisplatin for the treatment of patients with HER2 positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who have not received prior anti-cancer treatment for their metastatic disease. It is indicated for use only in patients with metastatic gastric cancer whose tumours have HER2 overexpression as defined by IHC2+ and a confirmatory FISH+ result, or IHC 3+, as determined by an accurate and validated assay.]***

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

The Committee noted the diagnostic requirements and that the local laboratories were aware of this development.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) for the indication in question restricted to specialist use in accordance with regional protocol (in development).

Not recommended: the following medicines/indications were all not included in Formulary as not recommended by SMC

(s) avanafil 50mg, 100mg, 200mg tablets (Spedra®)[980/14]*[A. Menarini Farmaceutica Internazionale SRL.]****[Full Submission][Indication: Treatment of erectile dysfunction (ED) in adult men. In order for avanafil to be effective, sexual stimulation is required.]***

(t) budesonide 9mg prolonged release tablets (Cortiment®)[1093/15] *[Ferring Pharmaceuticals]****[Abbreviated Submission][Indication: in adults for induction of remission in patients with mild to moderate active ulcerative colitis (UC) where 5-ASA treatment is not sufficient.]***

(u) elosulfase alfa, 1mg/mL concentrate for solution for infusion (Vimizim®)[1072/15]*[Biomarin Europe Limited]****[Full Submission][Indication: treatment of mucopolysaccharidosis, type IVA (Morquio A Syndrome, MPS IVA) in patients of all ages.]***

(v) everolimus 2.5mg, 5mg and 10mg tablet (Afinitor®)[872/13]*[Novartis Pharmaceuticals UK Limited]****[Resubmission][Indication: For the treatment of hormone receptor-positive, HER2/neu negative advanced breast cancer, in combination with exemestane, in postmenopausal women without symptomatic visceral disease after recurrence or progression following a non-steroidal aromatase inhibitor.]***

(w) ketoconazole (Ketoconazole HRA®) 200mg tablets [1100/15]*[HRA Pharma]****[Non Submission][Indication: Treatment of endogenous Cushing's syndrome in adults and adolescents above the age of 12 years.]***

(x) tigecycline (Tygacil®) 50 mg powder for solution for infusion [1101/15]*[Pfizer Limited]****[Non Submission][Indication: Treatment in children from the age of eight years for the following infections: complicated skin and soft tissue infections, excluding diabetic foot infections, complicated intra-abdominal infections]***

The following medicine was referred for consideration in the Paediatric Formulary

(y) travoprost 40 micrograms/mL eye drops (Travatan®) [1091/15] *[Alcon Eye Care UK Ltd]****[Abbreviated Submission][[Indication: decrease of elevated intraocular pressure in paediatric patients aged 2 months to <18 years with ocular hypertension or paediatric glaucoma.]***

<u>Healthcare Improvement Scotland ADTC Collaborative</u>

Mr Foot reported that a common template for communicating information on the availability of new medicines has been created to improve clarity and consistency for the public. Mr Foot tabled the standard template proposal which describes six potential NHS board decisions for new medicines including, routinely available in line with national or local guidance, not routinely available in line with national guidance or due to local preference and available via a specialist centre.

The Formulary and New Drugs Sub-Committee reviewed the options and were happy with the layout. Mr Foot reported that the new options will be tested on the next round of formulary decisions to see how it works in practice. Some members of the Committee suggested that the term "not routinely" is not explicit enough.

The Committee agreed to send any comments on the document to Mr Foot before the deadline of 22nd October 2015.

59. SAFER USE OF MEDICINES SUB-COMMITTEE

Professor McKay circulated a copy of the Safer Use of Medicines Risk Register. This is structured

under heading of prescription, administration, medicines safety culture and high risk medicines. The register highlights the nature of the risk, the controls in place, actions taken to manage the risk and current or planned activities. ADTC acknowledged the broad range of work being carried out by this group. Any questions about the risk register should be sent to Prof McKay.

Prof McKay also circulated the Safer Use of Medicines Sub-Committee six monthly report to inform the ADTC of the work of the Sub-Committee. The membership of the Sub-Committee is being refined to reflect the new acute structure to ensure representation from across the Sectors / Directorates. There is a focus on Primary Care representation to ensure there is a good mix and the Sub-Committee remains fit for purpose.

NOTED

The Committee noted the six monthly report submitted.

60. THERAPEUTICS SUB-COMMITTEE

The Committee noted the Therapeutics Sub-Committee 6 monthly report which highlighted progress with a range of non-medicine related formulary work.

Stoma Guidance has been finalised and agreed and is now live on the NHSGGC medicines site. The new guidance will be highlighted to staff through education sessions and formulary drop-in sessions. Implementation of the Urology Formulary is continuing. There are plans to include this in the formulary drop in sessions early next year.

Work is underway to transition to new needle and lancet choices. Dr Taylor noted the diabetic audit form and Mrs Ryan clarified that this was not for GPs and a ScriptSwitch message can be added to confirm arrangements.

Mrs Ryan informed the Committee that a Formulary for blood glucose meters is being devised. This is a large piece of work which will go out for wide consultation.

NOTED

The Committee noted the six monthly report submitted.

61. PRESCRIBING INTERFACE SUB-COMMITTEE

The Committee noted the report summarising the work undertaken by the Prescribing Interface Sub-Committee over the last six months.

The Sub-Committee continues to meet quarterly. Membership is evolving and in future lead authors will be invited to attend the meetings to discuss their shared care protocol (SCP). A number of SCPs have been considered by the Sub-Committee.

Work is ongoing to review and update outpatient letters for supply of medicines. Dr Hardman agreed to keep the Committee updated on progress.

Dr Hardman reported that effective dissemination of this information can be challenging. Information will go out in the next Medicines Update in November and is available on the GG&C website.

NOTED

The Committee noted the six monthly report submitted.

62. OTHER ADTC SUB-COMMITTEES

Communications Sub-Committee

No specific updates

Polypharmacy Sub-Committee

No specific updates

Antimicrobial Sub-Committee

The Committee noted the minutes of the meeting held on 11th August 2015.

63. YELLOW CARD REPORTING IN GREATER GLASGOW & CLYDE IN 2014/15

The Committee noted the national Yellow Care Reporting 2014/15 annual report and the individual report for NHS GGC. There has been ongoing work to promote reporting across Scotland and the UK and integrate the electronic Yellow Card with primary and secondary care electronic prescribing systems. There are no timescales for completion however Boards will be updated in due course.

A smartphone App has been created and launched to offer another avenue to report. The App will be advertised through Medicines Update to promote use.

The individual report shows that GG&C's reporting rate is similar to last year (251 and 252 reports respectively). The report highlights that patient, parent and carer reporting increased from 34 to 61 reports.

National Roadshows are taking place over Scotland to promote the service to promote the next stages for Yellow Card evolution. An event is being held in Glasgow on 11th November for which details have been circulated to the Committee.

A Medicines Update blog will highlight the key points from the report and inform about downloading the App.

64. PEER APPROVED CLINICAL SYSTEM (PACS)

Mr Foot informed the Committee that Scottish Government have asked NHS GGC to pilot a Peer Approved Clinical System (PACS) for ultra-orphan medicines that are "not recommended" for use by SMC. A policy flowchart included in the paper describes the process.

A discussion took place and comments were noted for feedback to Scottish Government including timescale for processing requests and management of cases where criteria were not met.

There may be occasions where a patient resides in a neighbouring board but is treated by GG&C. Mr Foot reports that in this situation an agreement would be made between the two boards until the process has been formalised.

65. PRESCRIBING MANAGEMENT GROUP REPORT

The key points and actions from the Prescribing Management Group which took place on 8th September 2015 were circulated to the Committee.

The paper highlights prescribing expenditure and initiatives to promote effective prescribing. Several of the topics impacted on prescribing decisions and these would also be reported to ADTC.

The Committee noted the paper submitted by the Prescribing Management Group.

66. ANY OTHER BUSINESS

None.

67. DATE OF NEXT MEETING

Monday 14 December 2015, 2:00pm, Board Room, JB Russell House, Gartnavel Royal Hospital