ADTC(M) 16/03
Minutes: 27 - 39

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, 13 June 2016 at 2.00 p.m.**

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**P R E S E N T**

Dr J Gravil (in the Chair)

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| Prof. G McKay | Mrs J Watt |
| Mrs A Campbell | Dr A Taylor |
| Dr R Hardman | Dr G Forrest |
| Mr R Foot | Mrs M Ryan |
| Mrs Y Semple | Dr K O'Neill |
| Dr K McAllister | Dr J Simpson |
| Ms A Muir | Dr J Mackenzie |
| Dr J Burns | Ms H Lindsay |
| Dr S Muir | |

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

Miss L Young..... Secretariat Officer

ACTION BY

## 27. 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.

## 28. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mrs A Thompson, Mrs L Hillan, Dr C Harrow, Dr A Crighton, Mr N Lannigan and Mr A Crawford.

## 29. MINUTES

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on 18 April 2016 were approved as a correct record.

NOTED

## 30. MATTERS ARISING

Supply of Medicines Following Specialist Review or Clinic Appointments

Members noted the additional guidance for Mental Health Clinicians to support the policies relating to the management of medicines: Supply of medicines following specialist services review or clinic appointments. This guidance is out for circulation to the PMG PC/LMC. Members discussed the order of the points under section 2, page 3 of the additional guidance 'patients looking for routine medicine supplies' and agreed that the order should be amended to: point 2 first, point 3 second and point 1 third. Members agreed that the advice on Clozapine should be a separate section. Mrs Watt agreed to feedback comments to Mrs Hillan in the first instance. Mrs Hillan will be asked to feedback to the Mental Health team. **Mrs Watt**

Micafungin

Dr Seaton informed members that in view of the relative restrictions on Micafungin prescribing, Caspofungin has replaced Micafungin as the echinocandin of choice. It was noted the price of Caspofungin has lowered recently and it will also soon become generic.

## 31. FORMULARY AND NEW DRUGS SUB-COMMITTEE

(1) **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.

No declarations of interest were made.

### *Major Changes*

(a) bevacizumab 25mg/mL concentrate for solution for infusion (Avastin®) [1135/16] *[Roche Products Ltd]**[Full Submission][Indication: in combination with paclitaxel and cisplatin or, alternatively, paclitaxel and topotecan in patients who cannot receive platinum therapy, for the treatment of adult patients with persistent, recurrent, or metastatic carcinoma of the cervix]***

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

Dr Muir highlighted the potential survival gain. The Committee noted this has been sent to the West of Scotland Prescribing Advisory Sub-Group (WoSPASG) for development of protocol. It was noted that this included a complex PAS which created an administrative burden.

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

This medicine is available in line with local guidance for prescribing.

(b) blinatumomab, 38.5 micrograms powder for concentrate and solution for solution for infusion (Blincyto®)[1145/16]*[Amgen Europe B.V.]**[Full Submission][Indication: The treatment of adults with Philadelphia chromosome negative relapsed or refractory B-precursor acute lymphoblastic leukaemia (ALL)]***

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

The Committee noted this has been sent to the West of Scotland Prescribing Advisory Sub-Group (WoSPASG) for development of protocol.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) restricted to specialist use in accordance with regional protocol (in development). This medicine is available in line with local guidance for prescribing.

(c) co-careldopa (levodopa 20mg/mL and carbidopa monohydrate 5mg/mL) intestinal gel (Duodopa®) [316/06]*[Abbvie Ltd.]****[Resubmission][Indication: treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results]***

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

Dr Muir highlighted an improved PAS as part of this second resubmsision.

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

This medicine is available in line with national guidance.

(d) mepolizumab 100mg powder for solution for injection (Nucala®) [1149/16]*[GlaxoSmithKline UK Limited]****[Full Submission][Indication: as an add-on treatment for severe refractory eosinophilic asthma in adult patients]***

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

The Committee noted that specialists had indicated that a guideline would be developed by a WoS group. Members noted that there had been some variance in opinion regarding threshold in level of eosinophils and recommended that this should be further debated as part of the guideline development.

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

This medicine is available in line with local guidance.

(e) adalimumab 40mg/0.8mL solution for injection (Humira®) [1143/16] *[AbbVie Ltd]****[Full Submission][Indication: treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adult patients with an inadequate response to conventional systemic HS therapy]***

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

The Committee noted that clinicians have identified a hierarchy of treatments used ahead of this option.

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

This medicine is available in line with national guidance.

### *Minor Changes*

(f) febuxostat 120mg film-coated tablet (Adenuric®)[1153/16]*[A. Menarini Farmaceutica Internazionale SRL]****[Full Submission][Indication: the prevention and treatment of hyperuricaemia in adult patients undergoing chemotherapy for haematologic malignancies at intermediate to high risk of Tumour Lysis Syndrome (TLS)]***

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

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) restricted to specialist use. It will be incorporated into the regional tumour lysis policy.

This medicine is available in line with national guidance.

(g) elvitegravir 150mg, cobicistat 150mg, emtricitabine 200mg, tenofovir alafenamide 10mg film-coated tablet (Genvoya®) [1142/16] *[Gilead Sciences Ltd.]****[Full Submission][Indication: the treatment of adults and adolescents (aged 12 years and older with body weight at least 35kg) infected with human immunodeficiency virus-1 (HIV-1) without any known mutations associated with resistance to the integrase inhibitor class, emtricitabine or tenofovir]***

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

The Committee noted local support to add this new combination to the Formulary.

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) restricted to specialist use by HIV specialists.

This medicine is available in line with national guidance.

(h) naproxen 250mg effervescent tablets (Stirlescent®) (1154/16) *[Stirling Anglian Pharmaceuticals Ltd.]****[Abbreviated Submission][Indication: treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute musculoskeletal disorders, dysmenorrhoea and acute gout in adults]***

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

The Committee agreed that this medicine should be added to the Adult Formulary (Total Formulary) restricted to use in patients unable to swallow naproxen tablets.

This medicine is available in line with national guidance.

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

(i) cabazitaxel 60mg concentrate and solvent for solution for infusion (Jevtana®) [735/11] *[Sanofi]****[Resubmission][Indication: cabazitaxel, in combination with prednisone or prednisolone, is indicated for the treatment of patients with hormone refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen]***

(j) ceftolozane/tazobactam 1g/0.5g powder for concentrate for solution for infusion (Zerbaxa®) [1146/16] *[Merck, Sharp & Dohme Ltd]****[Full Submission][Indication: for the treatment of the following infections in adults:- Complicated intra-abdominal infections - Acute pyelonephritis - Complicated urinary tract infections]***

It was noted that the Antimicrobial Management Team had indicated this advice could cause local difficulties. It was agreed that stock should be made available for emergency situations, when prescribed on the advice of a microbiologist. Each individual case will be considered and signed off by the Chief of Medicine retrospectively and use would be closely monitored by the AMT. One location had been agreed and Dr Seaton advised that relevant staff were aware of the medicine.

(k) certolizumab pegol (Cimzia®) 200 mg solution for injection [1155/16] *[UCB Pharma Limited]****[Non Submission][Indication: Treatment of severe, active and progressive RA in adults not previously treated with MTX or other DMARDs]***

(l) eltrombopag olamine (Revolade®) 25 mg / 50 mg film-coated tablets [1164/16]*[Novartis Pharmaceuticals UK Ltd]****[Non Submission][Indication: Treatment in adult patients with acquired severe aplastic anaemia (SAA) who were either refractory to prior***

***immunosuppressive therapy or heavily pretreated and are unsuitable for haematopoietic stem cell transplantation]***

(m) evolocumab, 140mg, solution for injection in pre-filled pen (Repatha® Sureclick) or pre-filled syringe (Repatha® PFS) [1148/16] *[Amgen Limited]**[Full Submission][Indication: In adults with primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet]***

(n) ivacaftor 50mg and 75mg granules in sachet (Kalydeco®) [1134/16] *[Vertex Pharmaceuticals (Europe) Ltd.]**[Full Submission][Indication: treatment of children with cystic fibrosis (CF) aged 2 years and older and weighing less than 25kg who have one of the following gating (class III) mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N or S549R]***

(o) lumacaftor 200mg, ivacaftor 125mg film-coated tablet (Orkambi®) [1136/16] *[Vertex Pharmaceuticals (Europe) Ltd.]**[Full Submission][Indication: treatment of cystic fibrosis (CF) in patients aged 12 years and older who are homozygous for the F508del mutation in the CF transmembrane conductance regulator (CFTR) gene]***

(p) ramucirumab (Cyrmaza®) 10 mg/ml concentrate for solution for infusion [1156/16] *[Eli Lilly and Company Limited]**[Non Submission][Indication: in combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil) for the treatment of adult patients with metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin and a fluoropyrimidine]***

(q) ramucirumab (Cyrmaza®) 10 mg/ml concentrate for solution for infusion [1165/16] *[Eli Lilly and Company Limited]**[Non Submission][Indication: in combination with docetaxel for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer with disease progression after platinum-based chemotherapy]***

(r) ruxolitinib phosphate (Jakavi)®) 5mg, 10mg, 15mg and 20mg tablets [1166/16] *[Novartis Pharmaceuticals UK Ltd]**[Non Submission][Indication: Treatment of adult patients with polycythaemia vera who are resistant to or intolerant of hydroxyurea]***

### *Other Formulary Decisions*

(s) NICE MTA 389: Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer

Members noted the above MTA is in line with the current Formulary. CMGs will be updated, if necessary, as part of the usual process.

No Formulary changes are required. These medicines are restricted to specialist use.

These medicines are available in line with national guidance.

(2) Consideration of medicines previously Not Recommended by SMC that are now available as a generic product

Mrs Watt reported that some medicines not recommended by SMC may now be available as a generic product and at a lower acquisition cost. The cost effectiveness of such generic products has not been assessed therefore the original advice issued by SMC is assumed to apply. In a previous situation the West of Scotland cancer advisory group worked with HIS health economist to review cost-effectiveness. It is not anticipated that this situation would arise often however Mrs Watt proposed that in these situations, cases should be submitted to the Committee and a referral made to the ADTC Collaborative to facilitate consideration of a national approach.

Members agreed with the proposal and agreed that Mr Foot will take this forward with ADTCC.

## 32. ANTIMICROBIAL SUB-COMMITTEE

Six Monthly Report

The Committee noted the Antimicrobial Sub-Committee 6 monthly report to inform the ADTC of the work of the Sub-Committee.

Dr Seaton provided an overview of the main issues and updated members on antimicrobial utilisation data and HCAI in NHS GGC. He reported a recent increase in CDI and an increased use in co-amoxiclav in secondary care. Targeted interventions have been carried out to reduce prescribing. Dr Seaton highlighted in particular;

- Reductions in co-amoxiclav, pip-taz and meropenem following interventions
- Ongoing supply issues with aztreonam leading to increased use of Temocillin
- An increase in Levofloxacin (although significant lower volume of prescribing than co-amoxiclav)

Dr Seaton informed members that good progress has been made in primary care with the 3rd consecutive year of reductions in overall prescribing in GGC as well as across Scotland. He will share NHS GGC specific data when this is available.

NHS GGC is currently above the national average and HEAT target for Clostridium difficile and Staphylococcus aureus bacteraemia. He reported that prescribing interventions have been carried out which have been associated with very recent reductions in CDI. Interventions carried out included:

1. Circulation of a letter to all clinicians highlighting the recent increase in C. difficile infection and the need for appropriate use of co-amoxiclav

2. Engagement with clinical governance structures and senior clinicians to highlight key issues

3. Targeted audits and feedback of prescribing in QEUH receiving units and subsequently GRI receiving units (see below)

4. Prescribing feedback and education on antimicrobial ward rounds

Dr Seaton informed members that an audit of co-amoxiclav use in the Acute Receiving Units of the QEUH was carried out. The use of co-amoxiclav was audited over a 12 week period. Dr Seaton highlighted the results and noted that co-amoxiclav use was appropriate in >95% of the cases audited. The results highlight that use of co-amoxiclav in the QEUH Acute Receiving Units is largely appropriate and in line with local guidance. This would suggest that the interventions had a positive impact. **Dr Seaton**

Members discussed prescribing of co-amoxiclav in A&E departments. Dr Seaton reported that feedback is being provided.

Members noted that the SAB rate has increased. Dr Seaton reported that a number of quality improvement initiatives are underway by infection control. Early removal of intravascular cannulae/ avoidance of insertion when possible is a key intervention to reduce SAB risk.

Members noted the minutes of the Antimicrobial Utilisation Sub-Committee for information.

The Committee acknowledged the 6 monthly report submitted and noted the developments.

## 33. POLYPHARMACY SUB-COMMITTEE

Item to be carried forward to the next Agenda. **Secretary**

## 34. OTHER ADTC SUB-COMMITTEES

(a) Medicines Utilisation Sub-Committee

(1) DOACS and Renal Dosing

Mrs Semple reminded members that a DOACs FAQ document was produced by Medicines Information and Haematology on behalf of the Heart MCN to support prescribers. Following publication, Primary Care colleagues raised concerns around estimating renal function using Creatinine Clearance (CrCl). The use of estimated Glomelular Filtration Rate (eGFR) has been

suggested.

Consultation with local renal specialists, Heart MCN and Haematology colleagues has been carried out to seek opinions on using eGFR when calculating renal function to prescribe DOACs. Mrs Semple highlighted the data collected in primary care comparing eGFR and estimated CrCl calculated using Crockcroft Gault. She went on to highlight the information from other Health Boards regarding estimation of renal function when prescribing DOACs.

The report provided a summary of opinions from Heart MCN, Renal, Haematology and the opinion of the Medicines Utilisation Sub-Committee. The Medicines Utilisation Sub-Committee considered the advice of the specialists. Following a detailed discussion the Sub-Committee agreed that the current advice to calculate CrCl should be followed for all patients. Members agreed with the sub-committees view.

Mrs Semple reported that a Creatinine Clearance calculator is in the process of being created and will be uploaded to the Medicines App. The option of uploading the calculator to StaffNet is also being explored.

Dr Taylor expressed his thanks for the work that has been carried out. He highlighted the importance of writing on the discharge letter to GP's if the calculation has been carried out. Mrs Lindsay will feed this back to the Clinical Pharmacists. **Mrs Lindsay**

(b) Safer Use of Medicines Sub-Committee

No specific update.

(c) Prescribing Interface Sub-Committee

Dr Hardman raised concerns regarding workload implications for the Sub-Committee in relation to issues associated with drug monitoring in primary care. Members noted that the group that previously dealt with this no longer exist. Concerns were expressed in relation to the lack of an established process. Members noted that funding is required for enhanced services. Mrs Ryan informed members that a new group will be forming. She agreed to take this forward with David and Catriona and provide an update to the Committee in due course. **Mrs Ryan**

## 35. ADTC COLLABORATIVE

Mr Foot provided an update on the work of the ADTC Collaborative.

A copy of the May newsletter was circulated for information. Mr Foot reported that the ADTC chairs and representatives were invited to attend a teleconference in May to plan for the year ahead. At present there is no formal network for sharing of processes therefore this may be reviewed in the future.

ABPI is due to publish a list of gifts / fees paid out to healthcare professionals in July. Mr Foot reported that a national policy template 'open and transparent decision making in medicines governance' is being developed which individual boards can adopt. He informed members that currently individual declarations of interest are uploaded on the GGC website and there is a GGC policy.

Mr Foot reported that the medicines factsheet: information for patients and public formally launches on 14th June 2016.

The next ADTC Collaborative Webex will take place in August.

## 36. NHSGGC SUBSCRIPTION TO BMJ QUALITY

Mrs Semple informed members that NHSGGC now subscribe to BMJ Quality. This is a useful resource that all staff can access and is a particularly useful tool for staff involved in quality

improvement work.

Mrs Semple highlighted some key features of the resource, which includes formatting work into a report that can be published free of charge.

NHSGGC is keen to promote the tool and encourages staff to start using it.

Mrs Semple confirmed that GP's can access the tool. It is available through StaffNet with links to BMJ Quality. Use will also be promoted through Medicines Update blog.

Dr Taylor highlighted that Cluster Groups could use the resource which may help focus projects.

Members should approach Mrs Semple if they are interested in finding out more information.

It was agreed that the report would be circulated to sub-committee Chairs for information and onward distribution. **Secretary**

## 37. PRESCRIBING MANAGEMENT GROUP REPORT

The draft minutes from the Prescribing Management Group on 9th February 2016 were circulated to the Committee.

Ms Muir highlighted that PMG prescribing priorities were discussed. She noted that drug price increases will have issues for the prescribing budget.

Ms Muir informed members that since the meeting a response to the review of new medicines processes has been submitted. Ms Muir will circulate this to members. **Ms Muir**

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

## 38. ANY OTHER BUSINESS

Communications Sub-Committee Six Monthly Report

Members noted the six monthly report submitted. Members can contact Mrs Thompson if they have any questions.

Formulary Review

Mrs Campbell informed members that the Formulary review meeting is scheduled for Tuesday 20th September. Further information will be provided in due course.

## 39. DATE OF NEXT MEETING

Monday, 22 August 2016 – Boardroom, JB Russell House, Gartnavel Royal Hospital