

ADTC(M) 17/06  
Minutes: 76 - 91

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, 11<sup>th</sup> December 2017 at 2.00 p.m.**

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**P R E S E N T**

Dr S Muir (in the Chair)

Dr J Mackenzie	Mrs Y Semple
Dr A Taylor	Mr R Foot
Mrs A Campbell	Mrs Margaret Ryan
Dr J Burns	Mrs L Hillan
Dr G Forrest	Dr R Hardman
Dr K McAllister	Mr A Crichton
Dr A MacLaren	Mrs A Muir
Mrs J Watt	Dr K O'Neill
Dr J Simpson	Dr A Bowman
Dr C Harrow	

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

Mr G Forrester.....Deputy Head of Administration

ACTION BY

**76. 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.

He 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.

**77. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Dr B MacKinnon, Prof G McKay, Mr D Malcolmson, and Dr A Seaton.

**78. MINUTES**

The minutes of the meeting of the Area Drugs and Therapeutics Committee held on 23 October 2017 were approved as a correct record

**79. MATTERS ARISING**

None.

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

(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*

**81. FORMULARY APPEALS**

**Buprenorphine with Naloxone**

The Committee noted the request for removal of Buprenorphine with Naloxone (Suboxone®) from the Total Formulary submitted on behalf of the Substitute Prescribing Management Group NHSGGC. The Formulary and New Drugs Sub-Committee considered the appeal and accepted the request for removal.

**DECIDED:**

The Committee agreed to support the request for removal.

**Orlistat**

The Committee noted the request to remove Orlistat from the Total Formulary submitted on behalf of the Weight Management Oversight Group.

The Committee were advised that engagement with clinicians regarding this proposal is ongoing.

**DECIDED:**

The Committee agreed to consider this appeal at a later meeting, following clinician engagement.

**Cyanocobalamin**

The Committee received a verbal update regarding the appeal for the addition of cyanocobalamin to the Formulary for short-term diagnostic use. It was noted that there was a supporting clinical guideline approved by the Medicines Utilisation Subcommittee.

**DECIDED:**

The committee agreed to support the addition of cyanocobalamin in this capacity.

**Mr Foot**

**82. ANTIMICROBIAL SUB-COMMITTEE**

Six Monthly Report

The Committee were presented a report written by the Chair of the Antimicrobial Sub-Committee updating on work being undertaken by the Sub-Committee. It was noted that in primary care settings prescribing of antibiotics has decreased for the 4<sup>th</sup> consecutive year. In secondary care, overall antibiotic use is increasing, however, there is significant reduction in prescribing of broad spectrum antibiotics.. Discussion ensued regarding secondary care prescribing concentrated on through-week differences and whether there was less IV to oral switching at the weekend, appropriate use of antibiotics in general and variation in use across Scotland. In discussing primary care, it was noted that community pharmacies across GGC can now offer advice and / or treatment for impetigo and uncomplicated UTIs in women.

The report was noted.

**83. COMMUNICATIONS SUB-COMMITTEE**

Six Monthly Report

The Chair of the ADTC Communications Sub-Committee presented a Six Monthly Report providing information for the Committee on the work undertaken by the Sub-Committee in the last six months. It was noted that there are several new members to the Sub-Committee, however, there remain acute and primary care medical staff vacancies and that the Sub-Committee continue to collect statistics on website and social media access. Plans are being made for the Sub-Committee to undertake new initiatives during the coming year, including perhaps introducing a medicines awareness week, and suggestions for other activities were invited.

The report was noted.

**84. OTHER ADTC SUB-COMMITTEES**

- (a) Safer Use of Medicines Sub-Committee – Professor McKay was not in attendance at the meeting, and accordingly no update was given.
- (b) Medicines Utilisation Sub-Committee – Mr Foot provided an update on behalf of this Sub-Committee, informing the Committee that the Chair of the Sub-Committee, Dr Ken O'Neill has stood down, and a new Chair is being sought.

**85. ADTC COLLABORATIVE**

- (a) ADTCC Update – An ADTCC update was provided, highlighting in particular dates for forthcoming WebEx events for Chairs, Professional Secretaries and other key ADTC members, and also providing a link to the ADTCC website.
- (b) ADTCC Newsletter – The ADTCC Newsletter for October 2017 was presented to the Committee, providing news about new team members and

highlighting ongoing work on behalf of ADTCs.

**86. YELLOW CARD REPORT**

An Annual Report from the Yellow Card Centre Scotland covering April 2016 to March 2017 was presented to the Committee. Discussion of the Report focussed upon low growth of Yellow Card submissions nationally and a small decline in the NHSGGC area. Consideration was given to some mechanisms which could be introduced to promote Yellow Card reporting in NHSGGC, including the use of the app, highlighting actions taking in response to reports, linking GP IT systems to the Yellow Card system. A suggestion was made regarding organising an awareness event at medical admission units over a one week period to encourage yellow card reporting of any adverse drug reactions.

**87. DOAC BOOKLET**

A final draft booklet was presented for information. This will provide information on Direct Oral Anticoagulant Therapy (DOAC) for patients and will be available across NHSGGC and provided to all areas where a patient may be initiated on a DOAC. Discussion of the booklet centred upon future availability and the potential benefits of making available via the prescribing website.

**88. PEER APPROVED CLINICAL SYSTEM (PACS) TIER 2 GUIDANCE**

Guidance from Scottish Government on the PACS Tier 2, which will replace existing Individual Patient Treatment Request (IPTR) processes, was discussed by the Committee. with the expected implementation date for the PACS process noted as 1<sup>st</sup> February 2018. The Committee were presented with a slightly tweaked version of the standard documentation for implementation in NHSGGC. Consideration was given to the content of the policy, including the potential to include a slightly modified process for specific drugs, similar to the current IPTR process. Discussion ensued and it was agreed that some further work would be undertaken to assess how many drugs this would apply to. The parameters specifying the staff who could initiate the request, and the timetable for dealing with PACS requests were also discussed.

It was agreed that a letter will be drafted and sent to the Scottish Government highlighting outstanding issues noted in the previous consultation phase of the PACS implementation process.

**R Foot / Y  
Semple**

**89. ACCESS TO HUMAN IV/SC IMMUNOGLOBULIN THERAPY FOR NON-FORMULARY INDICATION**

A flowchart setting out the process for clinicians wishing to prescribe immunoglobulin therapy was presented to the Committee, and the Committee was advised that forms and a database have been created, a panel to consider individual cases will be set up and will likely be chaired by Dr Rachel Green.

**90. PRESCRIBING MANAGEMENT GROUP REPORT**

The last meeting was held on 14<sup>th</sup> November. The main discussion point was the Health Cost Bill that is expected to be in place by spring 2018. This will require manufacturers to provide more information and advance warning on likely shortages

and should also help prevent price gouging.

**74. ANY OTHER BUSINESS**

An update was given regarding the ongoing work to ensure MHRA advice regarding valproate is taken forward across NHSGGC. A draft letter has been prepared for GP practices, highlighting patients receiving valproate and reminding practices of the MHRA advice. This will be discussed at the next LMC meeting.

**75. DATE OF NEXT MEETING**

Monday, 26 February 2018 – Boardroom, JB Russell House, Gartnavel Royal Hospital

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

Date of ADTC Decisions: **11/12/2017**

### **Aviptadil with Phentolamine**

1284/17

Invicorp® intracavernous injection

#### **Indication:**

For the symptomatic treatment of erectile dysfunction in adult males due to neurogenic, vasculogenic, psychogenic, or mixed aetiology.

#### **ADTC Discussion points**

The Committee noted that this preparation may be an alternative option to alprostadil in those patients failing on PDE5 inhibitor therapy and other non-injectable treatment options.

#### **ADTC Decision:**

Routinely available in line with national guidance

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

Restricted to specialist initiation for use in patients who have failed on oral therapies (oral phosphodiesterase type-5 inhibitors) and other non-injectable formulations of erectile dysfunction medications.

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### **Eliglustat**

1277/17

Cerdelga® capsules

#### **Indication:**

Long-term treatment of adult patients with Gaucher disease type 1 (GD1) who are CYP2D6 poor metabolisers, intermediate metabolisers or extensive metabolisers

#### **ADTC Discussion points**

The Committee noted that this is an oral alternative to enzyme replacement therapy (ERT) which is currently administered via fortnightly IV infusions.

#### **ADTC Decision:**

Routinely available in line with national guidance

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

Restricted to specialist use only.

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### **Glecaprevir with Pibrentasvir**

1278/17

Maviret® tablets

#### **Indication:**

Treatment of chronic hepatitis C virus (HCV) infection in adults

#### **ADTC Discussion points**

The Committee noted that this preparation is the first to be accepted by SMC for all hepatitis C genotypes. National and local treatment guidelines are expected to be updated to reflect the availability of this treatment option in due course.

#### **ADTC Decision:**

Routinely available in line with national guidance

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

Restricted to specialist use only in accordance with local protocol

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## Pegvisomant

158/05

Somavert® injection

### Indication:

Treatment of adult patients with acromegaly who have had an inadequate response to surgery and / or radiation therapy and in whom an appropriate medical treatment with somatostatin analogues did not normalise IGF-1 [insulin-like growth factor 1] concentrations or was not tolerated.

### ADTC Discussion points

This is a treatment option expected to be used as second line treatment alternative to parireotide and may play a role as a bridging therapy whilst radiotherapy treatment takes effect. Patient numbers are expected to be small.

### ADTC Decision:

Routinely available in line with national guidance

### Local restrictions on use:

Restricted to specialist use only

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## Raltegravir

1280/17

Isentress® tablets

### Indication:

In combination with other anti-retroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in adults and paediatric patients weighing at least 40kg.

### ADTC Discussion points

ADTC noted that this is a different strength that allows once daily dosing at the same cost as the equivalent twice daily dose. The SMC restriction mirrors that from previous advice for raltegravir.

### ADTC Decision:

Routinely available in line with national guidance

### Local restrictions on use:

Restricted to use by HIV specialists for patients who are intolerant or resistant to non-nucleoside reverse transcriptase inhibitors (NNRTIs) or protease inhibitors (Pis) or when these options are compromised due to drug-drug interactions.

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## Tiotropium

411/07

Spiriva Respi Solution for inhalation

### Indication:

As a maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease (COPD).

### ADTC Discussion points

The Committee noted the views of the Respiratory MCN Prescribing Subgroup in their recent Formulary review of this chapter and the recent work that had been done relating to a preferred tiotropium device. However, they were also mindful of future opportunities to review these preferred devices and considered that inclusion of this device in the Total Formulary would allow for flexibility.

### ADTC Decision:

Routinely available in line with national guidance

### Local restrictions on use:

## Olaratumab

1273/17

Lartruvo® infusion

### Indication:

In combination with doxorubicin for the treatment of adult patients with advanced soft-tissue sarcoma who are not amenable to curative treatment with surgery or radiotherapy and who have not been previously treated with doxorubicin.

### ADTC Discussion points

The Committee noted that a regional protocol for use was in 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 for use in combination with doxorubicin as first-line treatment for advanced soft-tissue sarcoma not amenable to curative treatment with surgery or radiotherapy.

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## Palbociclib

1276/17

Ibrance® capsules

### Indication:

Treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer (refer to SMC advice for full details of indication).

### ADTC Discussion points

The Committee noted that a regional protocol for use was in 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 combination with an aromatase inhibitor for first-line treatment of HR-positive HER2-negative locally advanced or metastatic breast cancer.

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## Abatacept

1287/17

Orencia® infusion, injection

### Indication:

Alone or in combination with methotrexate for the treatment of active psoriatic arthritis in adult patients when the response to previous disease-modifying anti-rheumatic drug (DMARD) therapy including methotrexate has been inadequate, and for whom additional systemic therapy for psoriatic skin lesions is not required.

### ADTC Discussion points

### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

### Local restrictions on use:

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## Bezlotoxumab

1293/17

Zinplava® infusion

### Indication:

Prevention of recurrence of Clostridium difficile infection (CDI) in adults at high risk for recurrence of CDI.

### ADTC Discussion points

### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

### Local restrictions on use:



## **Brodalumab**

1283/17

Kyntheum® pre-filled syringe

### **Indication:**

for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy.

### **ADTC Discussion points**

### **ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

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

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## **Everolimus**

1288/17

Certican® tablets

### **Indication:**

Prophylaxis of organ rejection in adult patients at low to moderate immunological risk receiving an allogenic renal transplant.

### **ADTC Discussion points**

### **ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

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

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## **Fulvestrant**

1294/17

Faslodex® injection

### **Indication:**

Treatment of oestrogen receptor positive, locally advanced or metastatic breast cancer in postmenopausal women not previously treated with endocrine therapy.

### **ADTC Discussion points**

### **ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

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

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## **Ibrutinib**

1289/17

Imbruvica® capsules

### **Indication:**

As a single agent for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (who do not have 17p deletion or TP53 mutation).

### **ADTC Discussion points**

### **ADTC Decision:**

Not routinely available as not recommended for use in NHSScotland

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

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## Mercaptamine bitartrate

1272/17

Procysbi® MR capsules

### Indication:

For the treatment of proven nephropathic cystinosis.

### ADTC Discussion points

#### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

#### Local restrictions on use:

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## Reslizumab

1233/17

Cinqaero® infusion

### Indication:

As add-on therapy in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus another medicinal product for maintenance treatment.

### ADTC Discussion points

#### ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

#### Local restrictions on use:

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## Buprenorphine with Naloxone

Suboxone® sublingual tablets

### Indication:

Substitution treatment for opioid drug dependence

### ADTC Discussion points

ADTC noted the successful switch to generic sublingual buprenorphine which had taken place earlier in the year.

#### ADTC Decision:

Not routinely available as local clinical experts do not wish to add the medicine to the Formulary at this time or there is a local preference for alternative medicine(s)

#### Local restrictions on use:

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## Cyanocobalamin

oral tablets

### Indication:

Vitamin B12 deficiency (Short-term diagnostic use - refer to Formulary for full details)

### ADTC Discussion points

#### ADTC Decision:

Routinely available in line with local or regional guidance

#### Local restrictions on use:

Restricted use for 4 weeks only as a diagnostic test to determine whether vitamin B12 deficiency will respond to dietary adjustment.

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