

**MINUTE  
AREA DRUG AND THERAPEUTICS COMMITTEE  
WEDNESDAY 15<sup>th</sup> December @10am  
Microsoft Teams Meeting**

**In Attendance:**

Dr Mehrdad Malekian	Mrs Karen Patterson	Mrs Christine Gilmour
Mrs Carol McGoff	Mrs Penny Brankin	Dr David Semple
Mrs Katrina Maroni	Mrs Emma Harris	Dr Iain Hathorn
Mrs Gail Richardson	Mr George Lindsay	Dr Tyra Smyth

Action

In attendance:

Dr Colum Slorach for whole meeting

Mrs Lorna Templeton until Item 7.1 which was discussed immediately after Notes of Interest

<b>1.</b>	<b><u>Apologies for Absence</u></b>  Mr John Milne, Dr Stephanie Dundas, Dr Jospehine Pravinkumar, Mrs Linda Johnstone, Ms Ann Auld, Mr Bill Angus	
<b>2.</b>	<b><u>Declaration of Interest</u></b>  There were no declarations of interest.	
<b>NEWS</b>	<p><b><u>Matters arising not covered elsewhere on the agenda</u></b></p> <p><b><u>Ratification of minutes of meeting 17<sup>th</sup> November 2021</u></b>  The minute was accepted as an accurate record and can now be published.</p> <p><b><u>Dapagliflozin in Heart Failure ( Non Diabetic)</u></b>  Minor amendments were suggested and Mrs Maroni agreed to liaise with Dr Weir to conclude this.</p> <p><b><u>Creatinine Clearance calculation to determine drug doses</u></b>  Mrs Gilmour confirmed a plan to make these available to NHS Lanarkshire staff only and it was agreed that this item can be removed from the agenda.</p>	<p><b>IM</b></p> <p><b>KM</b></p>

	<p><b><u>Oxygen Prescribing in Acute Settings</u></b></p> <p>The ADTC's opinion is that oxygen should best be prescribed on the NEWS chart. Dr Malekian will discuss further with Dr Keaney.</p> <p><b><u>Steroid Emergency Cards</u></b></p> <p>There was useful discussion and Mrs Gilmour agreed to work with Dr Burns and the Medical Leadership Group within Primary Care to identify a system for implementing this sytem both for patients who will newly be prescribed steroids and for patients who are currently receiving steroids long term.</p> <p><b><u>Ravulizumab</u></b></p> <p>Further feedback from the author is expected for the January meeting.</p> <p><b><u>Guselkumab</u></b></p> <p>This was approved.</p>	<p><b>MM</b></p> <p><b>CG</b></p>
<p>4.</p>	<p><b><u>SMC</u></b></p> <p><b><u>FULL SUBMISSIONS</u></b></p> <p><b>Nivolumab (Opdivo®) SMC2397</b> This was noted.</p> <p><b>Tucatinib (Tukysa®) SMC2398</b> This was noted and will be referred to the West of Scotland Cancer Network (WoSCAN).</p> <p><b>Trastuzumab deruxtecan (Enhertu®) SMC2388</b> This was noted and will be referred to the West of Scotland Cancer Network (WoSCAN).</p> <p><b><u>RESUBMISSION</u></b></p> <p><b>Osimertinib (Tagrisso®) SMC2382</b> This was noted and will be referred to the West of Scotland Cancer Network (WoSCAN).</p> <p><b><u>NON SUBMISSION</u></b></p> <p><b>Eculizumab (Soliris®) SMC2456</b> This was noted.</p> <p><b><u>UPDATE ON THE INTERIM ASSESSMENT APPROACH IN RESPONSE TO COVID-19</u></b></p> <p>This is a pragmatic approach to minimise delay in patient access as a result of the COVID-19 pandemic. Following review by the SMC executive, SMC advice for three submissions noted below will be published on the SMC website on Monday 17 January 2022.</p> <p><b><u>FULL SUBMISSION</u></b></p>	

	<p><b>Tralokinumab (Adtralza®) SMC2403</b> This was noted and will be referred to dermatology specialists.</p> <p><b><u>ABBREVIATED SUBMISSIONS</u></b></p> <p><b>Opicapone (Ongentys®) SMC2430</b> This was noted and will be referred to Parkinson's Disease management specialists.</p> <p><b>Budesonide (Cortiment®) SMC2448</b> This was noted and will be referred to gastroenterology specialists.</p>	
<p><b>5.</b></p>	<p><b><u>SMC follow up</u></b> Mrs Maroni talked the committee through the SMC follow up which had been previously circulated. Feedback on amikacin and tirbanibulin is expected in due course.</p> <p>Specialist feedback was received for Ryaltris® nasal spray. Due to product unfamiliarity and current use of the combination product Dymista®, there was agreement to assign Ryaltris® as 'not routinely available as there is a local preference for alternative medicines'. This decision can be revisited, as part of a formulary chapter review, at a later date.</p>	
<p><b>6.</b></p>	<p><b><u>Lanarkshire Formulary</u></b></p> <p>(a) Mrs McGoff discussed five formulary amendments. The first related to home blood glucose monitoring. The addition of Contour Plus test strips and Instant test strips to the formulary was proposed. The reason for these additions is due to the discontinuation of the current formulary options of Performa® and Aviva Expert® meters, leading to the need for an alternative option for new patients or patients who require a new meter.</p> <p>The second amendment was the addition of guselkumab to the interleukin inhibitors section of Chapter 10. This followed on from the ratification of the clinical protocol at November ADTC.</p> <p>The third amendment was to substitute Instillamed® bladder instillation for iAluRIL® bladder instillation in the relevant section of Chapter 7. The reason for the change is that Instillamed is no longer in the Scottish Drug Tariff and can therefore no longer be prescribed.</p> <p>The fourth amendment was to remove potassium chloride modified release tablets from the formulary. These are only available as an unlicensed medication and are stated in the BNF to be less suitable for prescribing. Other formulary options remain for the treatment of hypokalemia.</p> <p>The fifth and final amendment was the removal of nedocromil eye drops from the formulary as these are now discontinued. Several</p>	

	<p>formulary option remain for the treatment and prophylaxis of allergic conjunctivitis.</p> <p>The Committee approved all of the above.</p> <p>(b) Mrs McGoff then talked the Committee through the Sway which has been produced by herself and Mrs Maroni to promote the migration of the formulary to the NHSL Guidelines website. Committee members were invited to use the links provided in the paper to share with their colleagues and networks.</p>	
<b>7.</b>	<p><b><u>Clinical Protocols</u></b></p> <p><b>1. Guidance for the Use of Antipsychotic Depot and Long-Acting Injections (LAI) .</b></p> <p>Mrs Templeton explained the guideline and took questions.</p> <p>The guideline was approved subject to sharing of the competency framework described in Section 4 with Mrs Brankin and an indication of contingency arrangements for supply if prescribing via GP10s or supply via community pharmacies is compromised.</p> <p><b>2. Chloroprocaine hydrochloride 1% solution for injection (Ampres)</b></p> <p>It was agreed to support the use of this medicine in the Wishaw site. It was also recognised that this may give useful experience to inform an NHS Lanarkshire wide guideline in the future.</p> <p><b>3. <u>Update to Chronic Non Malignant Pain Opioid Guideline</u></b></p> <p>This was agreed.</p>	
<b>8.</b>	<p><b><u>ADTC Bulletin</u></b></p> <p>This was noted.</p>	
<b>9.</b>	<p><b><u>Unlicensed Medicines</u></b></p> <p>There was nil to report at this today's meeting.</p>	
<b>10.</b>	<p><b><u>Patient Group Directions</u></b></p> <p>Mr Lindsay reported on useful discussions at the Pharmacy and AHP Prescribing Group and indicated that he hoped to produce more detailed guidance with illustrative examples for the January or February meeting but this is subject to other competing demands.</p>	

11.	<p><b><u>Medication and Clinical risk in Lanarkshire</u></b>  <a href="https://www.gov.uk/drug-safety-update">https://www.gov.uk/drug-safety-update</a></p> <p>This was noted.</p>	
12.	<p><b><u>Regional Cancer Advisory Network</u></b></p> <p>There was nil to report at this meeting.</p>	
13.	<p><b><u>Patient Safety Alerts</u></b></p> <p>There was nil to report at this meeting.</p>	
14.	<p><b><u>Lay member related items</u></b></p> <p>There was nil to report at this meeting.</p>	
15.	<p><b><u>Correspondence</u></b></p> <p><b>MHRA Early Access to Medicines Scheme (EAMS) berotralstat for hereditary angioedema (EAMS number 32080/0001)</b></p> <p>This was noted.</p>	
16.	<p><b><u>Pharmacy &amp; NMAHP Prescribing Governance</u></b></p> <p>There was nil to report at this meeting.</p>	
17.	<p><b><u>AOCB</u></b></p> <p>There was nil to report at this meeting.</p>	
18.	<p><b><u>Date of next meeting</u></b></p> <p>Wednesday 19<sup>th</sup> January 2022 10am @ Microsoft Teams</p>	