

MINUTE  
 AREA DRUG AND THERAPEUTICS COMMITTEE  
 WEDNESDAY 19<sup>th</sup> October 2022 @10am  
 Microsoft Teams Meeting

<p><b>2022/144 1.</b></p>	<p><b><u>Apologies for Absence</u></b>          Carol McGoff, Tyra Smyth, Penny Brankin, John Milne, Karen Paterson          Stephanie Dundas</p> <p><b><u>In Attendance</u></b>          Mehrdad Malekian (MM) CHAIR          Victoria Gemmell(VG) (minutes)          Mark Kirk (MK)          Kirsty MacFarlane (KM)          Isabel Howat (for item 3d only) (IH)          Emma Harris (EH)          George Lindsay (GL)          David Semple (DS)          Gail Richardson (GR)          Christine Gilmour (CG)          Ann Auld (AA)</p>	
<p><b>2022/145 2.</b></p>	<p><b><u>Declaration of Interest</u></b></p> <p>IH declared that she has received educational grants and honorarium from Novo Nordisk (manufacturer of Saxanda)</p>	
<p><b>2022/146 3.</b></p>	<p><b><u>Matters arising not covered elsewhere on the agenda</u></b></p> <p><b>a. <u>Ratification of minutes of meeting 20<sup>th</sup> September 2022</u></b>          These were accepted as a true record and can now be published</p> <p><b>b. <u>Steroid Emergency Cards</u></b>          CG to meet with Jane Burns today and feedback next meeting</p> <p><b>c. <u>Rheumatology Protocols Update</u></b></p> <ul style="list-style-type: none"> <li>• Adalimumab</li> <li>• Infliximab</li> </ul> <p>GR and KP will discuss at November Acute PMB and feedback next month. Issues are aseptic capacity and homecare capacity. There is some temporary funding for clerical support for homecare which may help with adalimumab, but infliximab is still an issue</p>	<p><b>CG</b></p> <p><b>GR/KP</b></p>

	<p><b>d. <u>Liraglutide (Saxenda)</u></b>  “LIRAGLUTIDE (SAXENDA) AS AN ADJUCT TO LIFESTYLE MEASURES IN WEIGHT MANAGEMENT”</p> <p>Some minor typo's were noted.</p> <p>EH reminded the group that GP's had previously asked for guidance around action relating to varying renal function. IH to clarify and add to guidance. MM amended title to make it more user-friendly. Content was broadly accepted. IH also to complete table on final page. Document to return for final agreement next month.</p>	<b>IH</b>
	<p><b>e. <u>Antenatal gentamicin Chart</u></b></p> <p>Previously discussed changes made.. GR and SD have discussed and SD presented to AMC for approval. The content of the document was agreed by committee. Some document housekeeping identified-MM will discuss with SD and return next month for final approval</p>	<b>MM/SD</b>
	<p><b>f. <u>Medicines suitable for vegetarian and vegan patients.</u></b></p> <p>DS discussed possible plan for Mental Health to do some work on this as a department project. KM there is a UKMI document can be helpful. (link below) Both GR and KM expressed caution about producing local document. There would be a need to maintain and there are issues around the many generic versions available. Further possible issues around sterols, which may be plant or animal but may not be explicitly stated in product SPC's  UKMI Link  <a href="https://www.sps.nhs.uk/articles/excipients-what-are-the-general-considerations-for-vegan-patients/">https://www.sps.nhs.uk/articles/excipients-what-are-the-general-considerations-for-vegan-patients/</a></p>	
	<p><b>g. <u>Osteoporosis Guideline Update</u></b></p> <p>Awaiting updated document from Rheumatology  EH raised several items relating to the guidance  Drug holidays  Treatment intervals  Fracture risk assessment tools</p> <p>GL is currently working on osteoporosis PGD's with Robin Munro (RM) and the plan is that RM will attend the November ADTC for the PGDs. It makes sense that RM can also discuss the osteoporosis guideline at the same time.  GL to confirm RM attendance for next meeting</p>	<b>GL</b>

<p><b>2022/147 4.</b></p>	<p><b>CONFIDENTIAL</b></p> <p>Please see attached Advice from the Scottish Medicines Consortium which will be published on the SMC website after 2.00 pm on <b>Monday 07 November 2022.</b></p> <p><b><u>Full Submission</u></b></p> <ul style="list-style-type: none"> <li>asciminib 20mg and 40mg film-coated tablets (Scemblix) Novartis Pharmaceuticals UK Ltd SMC2482 <b>Accepted with PAS</b></li> </ul> <p style="text-align: center;">WOSCAN/HAEMATOLOGY FOR NOTING</p> <p><b><u>Resubmission</u></b></p> <ul style="list-style-type: none"> <li>belimumab (Benlysta) GlaxoSmithKline UK Ltd SMC2477 <b>Accepted Restricted with PAS</b></li> </ul> <p style="text-align: center;">RHEUMATOLOGY FOR NOTING</p> <p><b><u>Fast Track Resubmission</u></b></p> <ul style="list-style-type: none"> <li>zanubrutinib (Brukinsa) BeiGene UK Ltd SMC2528 <b>Accepted with PAS</b></li> </ul> <p style="text-align: center;">HAEMATOLOGY FOR NOTING</p> <p><b><u>Non Submissions</u></b></p> <ul style="list-style-type: none"> <li>venetoclax 10mg, 50mg and 100mg film-coated tablets (Venclyxto®) AbbVie Ltd SMC2509</li> </ul> <p style="text-align: center;">FOR NOTING</p> <ul style="list-style-type: none"> <li>esketamine 28mg nasal spray, solution (Spravato®) Janssen-Cilag Ltd SMC2539</li> </ul> <p style="text-align: center;">FOR NOTING</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 five medicines, three full, and two abbreviated submissions will be issued in confidence to NHS Boards on Friday 07 October 2022, and published on the SMC website on Monday 07 November 2022.</p>	
---------------------------	--	--

### **Full Submissions**

- upadacitinib 15mg prolonged-release tablet (Rinvoq®) AbbVie Ltd  
SMC2480 **Accepted with PAS**  
RHEUMATOLOGY
- finerenone 10mg and 20mg film-coated tablets (Kerendia®) Bayer plc  
SMC2486 **Accepted**  
RENAL
- faricimab 120mg/mL solution for injection (Vabysmo®) Roche  
Products Limited SMC2499 **Accepted Restricted with PAS**  
OPHTHALMOLOGY

### **Abbreviated Submissions**

- levofloxacin 5mg/mL plus dexamethasone 1mg/mL eye drops solution  
(Ducressa®) Santen UK Limited SMC2511 **Accepted**  
OPHTHALMOLOGY
- sodium zirconium cyclosilicate 10g powder for oral suspension  
(Lokelma®) AstraZeneca UK Limited SMC2515 **Accepted**  
  
RENAL/BIOCHEMISTRY
- belimumab (Benlysta) GlaxoSmithKline UK Ltd SMC2530 **Accepted  
Restricted with PAS**  
RHEUMATOLOGY

### **Deferred Advice**

#### **buprenorphine/naloxone (Zubsolv®) Accord Healthcare SMC2123**

SMC reviewed buprenorphine/naloxone (Zubsolv®), for substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment in November 2018 however SMC advice was withheld in confidence at the time pending product availability. SMC advice will be issued to Boards on Friday 07 October 2022 and published on the SMC website on Monday 07 November 2022.

FOR NOTING

### **Amended Advice**

#### **pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda) (EC) Merck Sharp & Dohme (UK) Limited SMC2474**

Minor amendments have been made to the Detailed Advice Document for

	<p>pembrolizumab (Keytruda®), in combination with lenvatinib, for the treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation. The DAD will be reissued to Boards on Friday 07 October 2022, and published on Monday 10 October 2022.</p> <p>FOR NOTING (WOSCAN)</p> <p><b><u>FOR INFORMATION</u></b></p> <p><b><i>Note: Budget Impact templates will be sent to NHS Board contacts and Directors of Pharmacy under separate cover.</i></b></p> <p><b><u>ultra-orphan pathway</u></b></p> <p>For information, and in confidence:</p> <p>The following medicine was validated as UO:</p> <ul style="list-style-type: none"> <li>ganaxolone (Ztalmy) for the adjunctive treatment of epileptic seizures associated with cyclin-dependent kinase-like 5 deficiency disorder (CDD) in patients 2 years of age and older</li> </ul> <p>Boards are reminded that any request to access treatment with a validated ultra-orphan prior to its availability within the ultra-orphan pathway should be considered through local non-formulary processes.</p> <p><b><u>FOR NOTING</u></b></p>	
<p><b>2022/148 5.</b></p>	<p><b><u>SMC follow up</u></b></p> <ul style="list-style-type: none"> <li>Ozanimod (Zeposia®) Ulcerative Colitis. <i>Awaiting comment from Gastroenterology</i></li> <li>Brolucizumab (Beovu®) Diabetic macular oedema. <i>Awaiting comment from Ophthalmology</i></li> <li>Upadacitinib (Rinvoq®) Ulcerative colitis. <i>Awaiting comment from Gastroenterology</i></li> <li>Filgotinib (Jyseleca®) Rheumatology confirm possible use in NHSL. Third line after DMARDS and anti-TNF treatment. <i>Clinical protocol anticipated.</i></li> </ul>	
<p><b>2022/149 6.</b></p>	<p><b><u>Lanarkshire Formulary</u></b></p> <p><b>NO AMENDMENTS THIS MONTH</b></p>	

<p>2022/150 7.</p> <p>(1)</p> <p>(2)</p>	<p><b><u>Clinical Protocols</u></b></p> <p><b><u>Antimicrobial</u></b></p> <p>1. Acute empirical policy – planned November Submission  2. IVOST policy – planned November Submission  3. Co-trimoxazole-information for prescribers</p> <p>GR raised issue around education on recognising safety issues such as severe skin reactions. Many prescribers are not familiar with this, and there may be some apprehension from prescribers who recall previous concerns around safety in use  MK echoed that many GP's will not have seen in primary care and may be hesitant to prescribe.  MM agrees that education and communication would be important and helpful.  GL concurred, and suggested that community pharmacists could also be included in any education sessions.  KM suggested an item could be added to Prescribing Notes to help raise awareness  Further small comments around document housekeeping.  MM to give initial feedback to SD so that thoughts can be formed prior to the next meeting.  Committee agree to hold over to next time to allow discussions alongside other guidance documents</p> <p><b><u>Heparin Chart</u></b></p> <p>Document updated from previous version.  Now in alignment with other documents.  5 year expiry agreed by committee.</p> <p><b>APPROVED</b></p>	<p>MM</p>
<p>2022/151 8.</p>	<p><b><u>ADTC New Medicines Decisions</u></b></p> <p>FOR NOTING</p>	
<p>2022/152 9.</p>	<p><b><u>Unlicensed Medicines</u></b></p> <p>NIL</p>	
<p>2022/153 10.</p> <p>a.</p>	<p><b><u>Patient Group Directions</u></b></p> <p><b><u>NHS Scotland Pharmacy First</u></b></p> <p>GL met with AMT to discuss nitrofurantoin PGD.  AMT agreed the PGD be accepted for use.</p>	

	GL to share widely  <b>APPROVED</b>	<b>GL</b>
2022/154 11.	<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>  KM noted that recent MHRA guidance for methylphenidate has been added to the formulary page.	
2022/155 12	<b><u>Regional Cancer Advisory Network</u></b>  a. It was noted that the <a href="#">COVID-19 NCMAG Evidence of Impact Report</a> is now available available on HIS/NCMAG <a href="#">webpage</a> .  b. The draft advice from NCMAG regarding lenalinomide in combination with dexamethasone for the treatment of adult patients with previously untreated multiple myeloma who are not eligible for transplant and are suitable for thalidomide-containing regimens was noted.	
2022/156 13.	<b><u>Patient Safety Alerts</u></b> Nil	
2022/157 14.	<b><u>Lay member related items</u></b> Nil	
2022/158 15.	<b><u>ADTCC Correspondence</u></b>  a <b><u>Yellow Card Scotland Annual report</u></b>  GR noted NHSL is one of the lowest reporting Boards of yellow cards. Discussion around promotion of reporting. KM suggested investigating why other boards has higher levels.  b. <b><u>ADTCC NHS Lanarkshire Attendee</u></b> For noting-Victoria Gemmellwill attend as NHS Lanarkshire representative	
2022/159 16.	<b><u>Pharmacy &amp; NMAHP Prescribing Governance</u></b> nil	
2022/160 17.	<b><u>AOCB</u></b>	

	<p><b>a. <u>Clinical Guidance Governance Document</u></b>  “Guidance on the Development, Approval, Review and Monitoring of Medicine and Non-Medicine Related Guidelines”</p> <p>MM discussed the process detailed in the document. GL suggested addition of medical director and director of PH could be added to persons able to make decisions regarding need for ADTC submission. MM explained that this document is designed to make the process easier to submit. EH commented around the number of other documents referred to in the document. It may be easier to add links or combine several documents into one main guide. MM explained that the format will be available on the guidelines website, so the user will move through each section rather than use a word document. KM suggested a “Which form?” flowchart. Med Illustration will support with the aesthetics</p> <p><b>b. <u>Unlicensed Forms</u></b>  GR raised issue around unlicensed paperwork currently in use in acute. Form C in particular is outdated. KM is aware and will take forward in partnership with acute colleagues.</p>	<b>KM</b>
<p><b>2022/161 18.</b></p>	<p><b><u>Date of next meeting</u></b></p> <p>16<sup>th</sup> November 2022 @ Microsoft Teams 10am</p>	