

# MINUTE AREA DRUG AND THERAPEUTICS COMMITTEE WEDNESDAY 16<sup>th</sup> November 2022 @10am Microsoft Teams Meeting

2022/162 1.	Apologies for Absence	ACTION
	Penny Brankin, Mark Kirk	
	<u>In Attendance</u>	
	Mehrdad Malekian (MM) Chair Gail Richardson (GR) George Lindsay (GL) Carol McGoff (CM) Stephanie Dundas (SD) Emma Harris(EH) Karen Patterson (KP)  Victoria Gemmell (VG) Minutes David Semple (DS) John Milne (JM) from item 6  Victoria Gemmell (VG) Minutes David Semple (DS) John Milne (JM) from item 6  Victoria Gemmell (VG) Minutes	
2022/163 2.	<u>Declaration of Interest</u>	
	Nil declared	
2022/164 3.	Matters arising not covered elsewhere on the agenda	
a.	Ratification of minutes of meeting 19 <sup>th</sup> October 2022	
	These were accepted as a true record and can now be published.	
b.	Steroid Emergency Cards	
	Email update from CG-Jane Burns has asked that this be taken forward via QPPG. Karon Cormack & John Keaney have agreed.	CG
c.	Rheumatology Protocols Update	
	Approved for suitable patients	
d.	Liraglutide (Saxenda)	мм
	Updated guidance reviewed and approved.	

e.	Antenatal gentamicin Chart	
	With medical illustration for final changes. Will return for final approval	MM
f.	Osteoporosis Guideline Update	
	Carried over to December meeting	
2022/165 4.	CONFIDENTIAL	

Please see attached Advice from the Scottish Medicines Consortium which will be published on the SMC website after 2.00 pm on **Monday 12**December 2022.

### **Full Submissions**

 alpelisib 50mg, 150mg, 200mg film-coated tablets (Piqray) Novartis SMC2481 Not Recommended

### **FOR NOTING**

 abemaciclib 50mg, 100mg and 150mg film-coated tablets (Verzenios) Eli Lilly & Company Ltd SMC2494 Accepted with PAS
 FOR NOTING- REFERRED TO WEST OF SCOTLAND CANCER NETWORK (WoSCAN)

### Update on the interim assessment approach in response to COVID-19

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 04 November 2022, and published on the SMC website on Monday 12 December 2022.

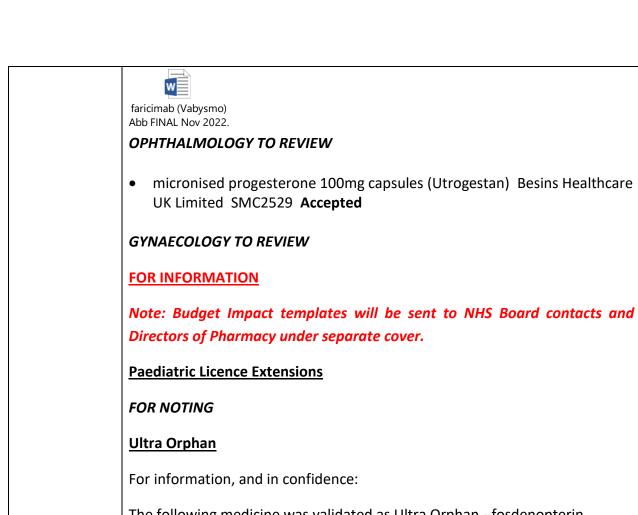
### Resubmission

upadacitinib 15mg prolonged-release tablet (Rinvoq) (RA) AbbVie Ltd SMC2495 Accepted Restricted with PAS

### RHEUMATOLOGY TO REVIEW

### **Abbreviated Submissions**

 faricimab 120mg/mL solution for injection (Vabysmo) Roche Products Limited SMC2512 Accepted with PAS



The following medicine was validated as Ultra Orphan - fosdenopterin (Nulibry®) for the treatment of patients with molybdenum cofactor deficiency (MoCD) Type A

#### **FOR NOTING**

2022/166 5.	SMC follow up  CM talked the Committee through the SMC follow up which had been previously circulated. Feedback and clinical protocols are expected on a number of items in due course. Feedback from Rheumatology was provided	C McG
	on belimumab.	
2022/167 6.	<u>Lanarkshire Formulary</u> Gluten Free	
		C McG
а	All changes agreed	
	CM to liaise with GL to get changes updated on Community Pharmacy website.	
2022/168 7.	Clinical Protocols	
(1)	<u>Asthma Treatment</u>	MM
	This was discussed and comments include-	
	Treatment requirements section could be clearer and more information	

around who will manage withdrawal if treatment is unsuccessful would be helpful.

Latin abbreviations-these should be in English.

MM to discuss with author and return next month

# (2) <u>Treatment of moderate to severe active rheumatoid arthritis in adult</u> patients

Broader discussion around where these medicines will sit in the treatment pathway, where they are stored and who can access them, as well as who will implement their use.

Discussion around the next steps once a clinical protocol is agreed by ADTC and the possibility of exploring new ways of working

Consideration was given to the potential of creation of a folder which holds documents in an index that clinicians could access

Thought was also given around the usefulness of the cost section on the clinical protocol form. Previously, list prices may have been included, however PAS pricing remains confidential.

### Filgotinib

Content of document broadly agreed.

Distribution list-persons included may not have been asked to comment MM to check and check which costs should be used, if needed.

### (3) **Dermatology**

### Abrocitinib/ Upadacitinib/ Bimekizumab/ Tildrakizumab

R for trademark to be added where brand name is used

PAS prices have been used, these are confidential.

The group discussed the possible need for business impact modelling for all four dermatology products presented. It would also be helpful to clarify the place in treatment pathway/clinical management guidelines and if these will also be updated.

MM will discuss these items with the author and bring back to the next meeting.

# (4) Antimicrobials

# Empirical First Line Antibiotic Therapy for Adult Patients

Update to previous policy required due to treatment updates in NICE and changes with SAPG guidance. This also brings NHSL in line with neighbouring HB and reflects current evidence-based practice.

### **IVOST**

Update to previous policy.

## Co-Trimoxazole

Both VG and GR spoke with Steve McCormick offline regarding communication of safety information. There are plans for education and

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	training across the acute sectors, as well as comprehensive roll out plans. It is not currently used in primary care, although this may change when PC guidelines are next updated. EH suggested a special edition of Prescribing Notes could be produced with the help of Steve McCormick (AMP) which will raise awareness in primary care and community pharmacy to support patients discharged from acute hospitals.  Timescales for roll out TBC.  Review and approval dates and authors and approvers to be added all documents  Memo –some minor corrections requested  Posters will be displayed in clinical areas and also linked via the Guidelines website. There are launch events planned to help promote these updates	
2022/169 8.	ADTC New Medicines Decisions	C McG
	For noting	
2022/170 9.	Unlicensed Medicines NIL	
2022/171 10.	Patient Group Directions	
	PGD-Supply/Administration of: Ferrous Sulphate Some points noted including inclusion and exclusion criteria and staff who can apply this criteria. This section should be expanded. Template has now been updated and should be transferred over prior to resubmission to ADTC.  GL also brought a request from Morag Mulhall for a shorter process for PGD's which have previously been approved and have few changes. The group agreed that a fresh view is welcome, and a shorter process would remove this scrutiny. The committee agreed to continue with the full review process.  GR commented on dosing for iron products. This is part of a wider change in iron prescribing. HEPMA has been updated to remove suggested doses until clarified.  VG is preparing an SBAR detailing changes in iron dosing. This will be presented next meeting.  MM to discuss above comments with author.	MM

2022/172 11.	Medication and Clinical risk in Lanarkshire	
	https://www.gov.uk/drug-safety-update	
	NIL	
2022/173 12.	Regional Cancer Advisory Network	
	NIL	
2022/174 13.	Patient Safety Alerts	
	NIL	
202/175 14.	Lay member related items	
	NIII	
2022/176 15.	NIL ADTCC Correspondence	
2022/170 13.	(ADTC) Collaborative	
	<u> Lear of commonance</u>	
(i)	Right Decision Service	
	FOR INFORMATION	
(ii)	Voxelotor	
(",	<u>VOXCIOLOI</u>	
	FOR NOTING	
(iii)	<u>Interim NDC Accepted Medicines Process Review –</u>	
	VG spoke about the potential implications for Boards if the interim process	
	becomes standard process. Attendees were encouraged to complete survey	
	Evaluation survey please complete by 22 November	
	Safe Use of Medicines –Item from GGC	
	There was discussion about the work being done in other Boards to support	
	this.	
2022/177 16.	Pharmacy & NMAHP Prescribing Governance	
	NIL	
2022/178 17.	AOCB	
	Deviate in a	VC /CC
	Ranolazine	VG/CG
	To be carried over to the December meeting.	

	Immunoglobulin request form This has not been moved over to Guideline website and is not easy to locate on Firstport. MM advised GR to complete a submission form. This is located on the Guidelines website under Medicines Approval Process section.  Epimax®  Discussion around recent concerns of ocular toxicity seen in patient using Epimax® products. There is conflicting information, and the MHRA are investigating. An SBAR has been produced to provide interim advice. This was not available at the meeting, but it was agreed that due to the urgent nature, this could be reviewed by email and agreed.  Post meeting note-SBAR attached  Epimax and Cases of Ocular Toxicity.docx	
	Thank you  The committee thanked George for his long and valuable contribution and	GR
2022/179 18.	commitment to ADTC and wished him all the best.  Date of next meeting	VG
2022/175 10.	21st December 2022 @ Microsoft Teams 10am	