

AGENDA  
 AREA DRUG AND THERAPEUTICS COMMITTEE  
 WEDNESDAY 15<sup>th</sup> February 2023 @10am  
 Microsoft Teams Meeting Minutes

		Action												
<p><b>1.</b></p>	<p><b><u>Apologies for Absence</u></b>            Dr Josephine Pravinkumar            Emma Harris (EH)</p> <p><u>Present:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Mehrdad Malekian (MM) Chair</td> <td style="width: 50%;">Victoria Gemmell (VG) Minutes</td> </tr> <tr> <td>Gail Richardson (GR)</td> <td>Michael Smith (MS-item 7d)</td> </tr> <tr> <td>John Milne (JM)</td> <td>Stephanie Dundas (SD)</td> </tr> <tr> <td>Carol McGoff (CM)</td> <td>Christine Gilmour (CG)</td> </tr> <tr> <td>Karen Patterson (KP)</td> <td>Tyra Smyth (TS)</td> </tr> <tr> <td>Penny Brankin (PB)</td> <td></td> </tr> </table>	Mehrdad Malekian (MM) Chair	Victoria Gemmell (VG) Minutes	Gail Richardson (GR)	Michael Smith (MS-item 7d)	John Milne (JM)	Stephanie Dundas (SD)	Carol McGoff (CM)	Christine Gilmour (CG)	Karen Patterson (KP)	Tyra Smyth (TS)	Penny Brankin (PB)		
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<p><b>2.</b></p>	<p><b><u>Declaration of Interest</u></b>            nil</p>													
<p><b>3.</b></p>	<p><b><u>Matters arising not covered elsewhere on the agenda</u></b></p> <p>MM asked the group to use the ADTC mailbox for communication            adtc@lanarkshire.scot.nhs.uk</p> <p><b>a. <u>Ratification of minutes of meeting 18<sup>th</sup> January 2023</u></b></p> <p>The minutes were accepted as true records and can now be published</p> <p><b>b. <u>Belimumab</u> (for SLE)</b></p> <p>Question raised previously about when sc versus iv would be used-this has been added.            Second signatory needed on IV document            Group happy to agree if second signature is added. Return final versions for our records, no further review is required by the committee.</p> <p>VG to follow up with author</p> <p><b>c. <u>Dermatology Update</u></b></p> <p>Abrocitinib-Typo corrected</p> <p>Pre-treatment vaccination information has been added to all documents as</p>													

	<p>requested, however the group asked that a link to FirstPort be added</p> <p>Comment relating to investigations should be added to all documents.</p> <p><i>“All blood monitoring will be the responsibility of the prescribing hospital clinician”</i></p> <p>Pathways are under discussion and will be presented to committee when agreed by the team</p> <p>Return final versions for our records, no further review is required by the committee.</p> <p>VG to follow up with author</p> <p>d. <b><u>Utrogestan update</u></b></p> <p><u>Expected in March</u></p> <p>e. <b><u>Upadacitinib for Moderate RA</u></b></p> <p>Agreed with no further changes</p> <p>f. <b>Roxadustat</b>-Update expected March</p> <p>g. <b>ADTC TOR review</b></p> <p>The group discussed the need to update the TOR. Some references are now out of date. The membership table also needs refreshed. It was agreed that it would be beneficial to discuss with Medical Director for further guidance as to the remit and function of ADTC going forward, as well as the need for formal administrative support</p>	
4.	<p><b><u>SMC Advice</u></b></p> <p><b><u>Full Submissions</u></b></p> <p>bulevirtide (Hepcludex) Gilead Sciences Ltd SMC2520  <b>-Accepted Restricted with PAS</b>  <i>Send to Nick Kennedy BBV Consultant for comment</i></p> <p>tebentafusp (Kimmtrak) Immunocore Ltd SMC2549  <b>Not Recommended</b>  <i>For Noting</i></p> <p><b><u>Resubmission</u></b></p> <p>nintedanib (Ofev) Boehringer Ingelheim SMC2513  <b>Accepted Restricted with PAS</b>  <i>Send to respiratory for comment</i></p> <p><b><u>Deferred Advice</u></b></p>	

	<p><u>pralsetinib 100mg hard capsules (Gavreto®) Roche Products Limited SMC2496</u> <i>For Noting-regional process in place</i></p> <p><b><u>Amended Advice</u></b></p> <p><u>pembrolizumab 25mg/mL concentrate for solution for infusion (Keytruda) (MCC)</u> <u>Merck Sharp &amp; Dohme (UK) Limited SMC2501</u> <i>For Noting-regional process in place</i></p> <p><u>burosumab 10mg, 20mg, 30mg solution for injection (Crysvita) Kyowa Kirin Ltd</u> <u>SMC2514</u> <i>For Noting</i></p>	
<p>5.</p>	<p><b><u>SMC follow up</u></b> CM talked the Committee through the SMC follow up which had been previously circulated.</p> <p>Comments given from specialist services on upadacitinib and buprenorphine/naloxone (Zubsolv®) were fed back.</p>	
<p>6.</p> <p>7.</p> <p>(a)</p>	<p><b><u>Lanarkshire Formulary</u></b></p> <p>CM presented four formulary amendments.</p> <p>The first was an update to the Vitamin K formulary entry.</p> <p>The second was an addition to the prescribing note for Drugs Used in Megaloblastic Anaemias, in reference to the restricted use of oral cyanocobalamin.</p> <p>The third was to update the upadacitinib formulary entry for rheumatoid arthritis, following ratification of the clinical protocol for use in moderate disease, as well as severe disease.</p> <p>The fourth was the removal of Sunsense Ultra SPF 50 from the formulary due to the product being unavailable indefinitely. Uvistat SPF 50 remains available and will now be the preferred list option.</p> <p>The Committee ratified the proposed amendments.</p> <p><b><u>Clinical Protocols</u></b></p> <p><b><u>Estradiol (combined HRT)</u></b></p> <p>Some comments were made around wording in some sections</p> <ul style="list-style-type: none"> <li>• GP to administer- change to patient self-administer</li> <li>• Pre-treatment investigations. Breast and pelvic examination-could add</li> </ul>	

comment around only required if indicated.

- Second signature also needed.

In addition, the group felt it would be helpful to review the the process for new medicines that are discussed and approved at ADTC and their suitability for formulary inclusion.

#### **Status epilepticus**

- (b) The group discussed the guidance and both Form C's. These are for adults only and the relevant departments have been consulted. It was suggested Dr's Duffy (ITU) and Dr Chekroud (on behalf of ED's) could sign on behalf of clinicians  
Latin abbreviations to be removed.

GR to confirm if Form C for levetiracetam needs "over 16" or if this is used in paediatrics

Post meeting note-GR confirmed referenced in BNFC, no change required.

#### **Covert Medication pathway**

(c)

It was noted that the medicine chart included in the document was for review in December 2022.

(Lilian Weir practice development practitioner for clinical records-may already have updated this-to check)

The document also needs version control section completed.

Document references need for assessment for AWI by a medical practitioner-clarify if this could be expanded to suitably qualified person.

VG to follow up with author

#### **Ulcerative Colitis Pathway**

- (d) MS (Lead Pharmacist, Gastroenterology) updated the group on the work ongoing in the team, creating treatment pathways which can be used pan-Lanarkshire. They have been created in partnership with clinicians, Homecare and MDT hospital teams.

Thanks was noted to Lothian who have kindly allowed NHSL to use their guidance as a basis for these pathways.

Comments from the group include

- some abbreviations could be expanded, as well as changing Latin abbreviations to English.
- Question around requirement from GP-reassurance that current arrangements will not change.
- Cost table to be removed-commercially sensitive information

To be returned for final agreement

### **8. ADTC New Medicines Decisions**

The January 2023 New Medicines Decisions were noted.

The April 2022 New Medicines Decisions were updated to reflect WoSCAN advice for SMC2412 venetoclax (Venclyxto®).

	<p>The May 2022 New Medicines Decisions were updated to reflect WoSCAN advice for SMC2427 venetoclax (Venclyxto®).</p> <p>The August 2022 New Medicines Decisions were updated to reflect WoSCAN advice for SMC2492 atezolizumab (Tecentriq®).</p> <p>The October 2022 New Medicines Decisions were updated to reflect WoSCAN advice for SMC2479 pembrolizumab (Keytruda®).</p> <p>The December 2022 New Medicines Decisions were updated to reflect local advice for SMC2495 upadacitinib (Rinvoq®).</p>	
9.	<p><b><u>Unlicensed Medicines</u></b></p> <p><b><u>nil</u></b></p>	
10.	<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>Nil</p>	
11.	<p><b><u>Regional Cancer Advisory Network</u></b></p> <p>Nil</p>	
12	<p><b><u>Patient Safety Alerts</u></b></p> <p>Nil</p>	
13.	<p><b><u>Lay member related items</u></b></p> <p>Nil</p>	
14.	<p><b><u>Correspondence</u></b></p> <p>(i) <b><u>(ADTC) Collaborative</u></b></p> <p>VG updated the group on a recent attendance at a round-table discussion regarding CEL17, with a view to standardising actions taken by Boards in areas where SG policy is out of date or does not cover current practice. More to follow.</p>	
15.	<p><b><u>Pharmacy &amp; NMAHP Prescribing Governance</u></b></p> <p>Nil</p>	
16.	<p><b><u>AOCB</u></b></p> <p>a. <b><u>Vision Tags</u></b></p> <p>VG discussed plans for the creation of tags within GP Vision prescribing system. The first tranche will be for infections. SD expressed that this is great news to have a Pan-Lanarkshire solution. The group were satisfied with the process as described in the document presented.</p>	

<p><b>b.</b></p> <p><b>c.</b></p> <p><b>d.</b></p>	<p><b>Pharmacy first formulary update</b>  VG went through possible amendments These were mainly around reducing the number of available options per section, e.g. reducing 9 types of ear to 3 etc. The group were supportive of the options presented. GR noting that it remained necessary to have a more than one choice, given the current issues relating to shortages.</p> <p><b>Clinical Protocol Template Review</b>  The group reviewed a possible new template for clinical protocols. It was discussed that it may be preferable to have a 2-part document. The first part would have clinical information, the second part to have financial and operational details. Links to SPC would be useful  TS suggested that a section on service implications should be included in the template  The group agreed it would be helpful to clarify the medicines approval process to be followed by ADTC, when a clinical protocol would be of value, if there are any times when it would not be required and if the item should progress to formulary inclusion.</p> <p>The Chair gave thanks to Karen for her service to NHS Lanarkshire, and in particular for her valued contribution to ADTC.</p>	
<p><b>17.</b></p>	<p><b><u>Date of next meeting</u></b></p> <p>15<sup>th</sup> March 2023 @ Microsoft Teams 10am</p>	