Area Drugs and Therapeutics Committee Meeting Minutes Wednesday 15th May 2024 10-12pm Microsoft Teams Meeting		
Present:	Mehrdad Malekian (Chair) Victoria Gemmell (Minutes) Tyra Smyth Rachael Kelly Stephanie Dundas	Gail Richardson Linda Johnstone Christine Carswell Penny Brankin Kirsty Macfarlane Liz McIntyre (Items 7 and 8a)
1. Apologies:	Colin Angus Kelly Baillie Chris Miller	Mark Kirk Alistair Brown
2. Declaration of Interest	**Nil declared**	

Item	Notes	Action
3.	**<u>Minutes/Actions from the last meeting</u>** Item 7 Eylea-GR raised a point of clarification which was discussed after the meeting. The minutes stand as they are.	
4. **a)** **b)** **c)** **d)** **e)**	**<u>Matters Arising</u>** **SGLT2i for Treatment of Chronic Kidney Disease- Jack Fairweather** **SGLT2i CKD NHSL Guideline** Update awaited **NIV Withdrawal Guideline -Linda Johnstone** This was discussed and a request made to shorten the title. The group agreed the colour coding and the accompanying key for the flowchart was helpful, as was the completion of the governance process which it had followed. The document was approved pending the change in title and a final copy to be returned for our records **Finerenone Diabetic Kidney Disease- Jack Fairweather** Update awaited **Avacopan for ANCA Vasculitis -Jack Fairweather** Update awaited **SAPG Response to MHRA updated statement on use of fluoroquinolones - Stephanie Dundas**	

	Work is progressing. The AMT is working to update HEPMA to ensure messages align with messages on GP prescribing systems. A system to include a box confirming patient information has been provided and the patient has consented to treatment is also to be added. SD will feedback progress in due course	
f)	**Delirium Guideline- Michael Cooper** This was discussed and a suggestion made for the change record at the rear to be completed to include amendments from the previous version. TS had a query regarding discharge information and will liaise with author regarding this. The document was approved pending these changes. Final copy to be sent for our records. The Care Home team have similar guidance which is due for review. KMAC will liaise with this team to ensure no duplication of work.	
g)	**HF Guideline-update on NHSL template** This was discussed. The group requested completion of Clinical Summary section with key points rather than the flowchart. The flowchart could then be moved to the next page as one item, rather than across 2 pages. It was also noted that there were some points missing from the flow chart-NYHA classifications. Further comments included-page two of original document is missing, author to confirm this is intentional, ensure change record is completed, amend different fonts, abbreviation on page 3 (LVmrEF) needs to be expanded or added to key, condense page of references. The governance section needs more information-detail the process of development, consultation with relevant groups etc.	
h)	**Pabrinex Supply** GR gave an update regarding plans for supply when shortages occurs. An MSAN has now been released. Acute sites are ensuring supplies are reserved for patients who cannot take oral therapy. National Procurement are allocating stocks and reviewing options for UL preparations. This will need to follow routine NHSL UL medicines process. KMac raised a question about GMAWS-Glasgow Assessment and Management of Alcohol Guideline. There is an NHSL version of this, which might be helpful to host on RDS platform. KMac will take this forward.	
5.	**SMC Advice-CONFIDENTIAL** Please see attached Advice from the Scottish Medicines Consortium which will be published on the SMC website after 2.00 pm on **Monday 10 June 2024.** **FULL SUBMISSIONS** • glofitamab concentrate for solution for infusion (Columvi) Roche Products Ltd SMC2614 **ACCEPTED with PAS** as monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy. **AWAIT WoSCAN ADVICE**	

- voxelotor film-coated tablets (Oxbryta) Pfizer Ltd SMC2626 **ACCEPTED RESTRICTED with PAS** treatment of haemolytic anaemia due to sickle cell disease (SCD) in adults and paediatric patients 12 years of age and older as monotherapy or in combination with hydroxycarbamide. **REFER TO HAEMATOLOGY**

- epcoritamab concentrate for solution for injection and solution for injection (Tepkinly) AbbVie Ltd SMC2632 **ACCEPTED with PAS** as monotherapy for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy. **AWAIT WoSCAN ADVICE**

- tirzepatide solution for injection in pre-filled pen (Mounjaro) (Obesity) Eli Lilly & Company Limited SMC2653 **ACCEPTED RESTRICTED** For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥30 kg/m^2 (obesity) or ≥27 kg/m^2 to <30 kg/m^2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).**REFER TO WEIGHT MANAGEMENT SERVICES AND PRIMARY CARE PMMB**

ABBREVIATED SUBMISSIONS

- momelotinib film coated tablet (Omjjara) GlaxoSmithKline UK Ltd SMC2636 **ACCEPTED with PAS**: Treatment of disease-related splenomegaly or symptoms in adult patients with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Associated Kinase (JAK) inhibitor naïve or have been treated with ruxolitinib. **REFER TO HAEMATOLOGY**

- etrasimod film-coated tablets (Velsipity) Pfizer Ltd SMC2655 **ACCEPTED with PAS** : for the treatment of patients 16 years of age and older with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biological agent**. REFER TO GASTROENTEROLOGY**

NON SUBMISSIONS

- clostridium botulinum neurotoxin type A powder for solution for injection (Xeomin) Merz Pharma UK Ltd SMC2680

	FOR NOTING • decitabine / cedazuridine film-coated tablets (Inaqovi) Otsuka Pharmaceuticals (UK) Ltd SMC2681 **FOR NOTING** • dupilumab solution for injection in pre-filled pen and syringe (Dupixent) Sanofi SMC2682 **FOR NOTING** • pembrolizumab concentrate for solution for infusion (Keytruda) Merck Sharp & Dohme (UK) Limited SMC2683 **FOR NOTING** **AMENDED ADVICE** • ruxolitinib (Opzelura) Incyte Biosciences UK Ltd SMC2634 Minor amendments have been made to the Detailed Advice Document (DAD) for ruxolitinib (Opzelura), for the treatment of non-segmental vitiligo (NSV) with facial involvement in adults and adolescents from 12 years of age. The DAD will be reissued to Boards on Friday 10 May 2024 and published on the website on Monday 13 May 2024. **FOR NOTING** Please see attached Collaborative Advice Documents following collaboration with the National Institute for Health and Care Excellence (NICE) on the Multiple Technology Appraisal TA971: remdesivir and tixagevimab plus cilgavimab for treating COVID-19 which were published on the SMC website on Wednesday 8 May 2024. **COLLABORATION** • remdesivir (Veklury®) Gilead Sciences Ltd. SMC2550 **ACCEPTED RESTRICTED** **SD TO TAKE FORWARD** • tixagevimab and cilgavimab (Evusheld®) Astra Zeneca UK Limited SMC2558 **NOT RECOMMENDED** **FOR NOTING** Full details of the NICE assessment and recommendations for TA971: *Remdesivir and tixagevimab plus cilgavimab for treating COVID-19* can be found at: Overview | Remdesivir and tixagevimab plus cilgavimab for treating COVID-19 | Guidance | NICE	
6.	**SMC follow up** RK gave an update.	RK
7.	**Lanarkshire Formulary** **Dexcom 1 Plus/ Libre 2 plus-Liz McIntyre** LM gave a summary. These are both new versions of existing devices. They are smaller, more discrete, and have more functions. These have the same acquisition costs, and will replace existing devices in due course. ScriptSwitch	RK

	messages will be deployed to support GP practice with switches. Abbott (Libre device) also offers training to patients where requested. Diabetes Team requested to notify RK/VG when products are available to allow formulary page update and ScriptSwitch message deployment. Amend formulary to remove “Flash glucose monitoring” **<u>Formulary Amendment Paper</u>** RK gave summary of changes. Many of these are due to product discontinuations and updates of existing links	
8. **(a)** **(b)** **(c)** **(i)** **(ii)** **(iii)** **(iv)** **(v)**	**<u>Clinical Protocols</u>** **Freestyle Libre 3 guideline- Liz McIntyre** LM gave a summary of the guidance and request to add Libre 3 device as a restricted item to NHSL Joint Formulary. This is a cost effective CGM device limited to patients with Type 1 DM using a compatible hybrid closed loop system only. This would be supplied initially via secondary care with a limited number of patients due to narrow indication. Ongoing prescribing will be via GP. Patients are currently using Freestyle Libre 2 devices and will be switched over by the Diabetes service. A request was made to change the title of the document as the guidance is broader than current title suggests and the addition of information around supplemental glucose and ketone monitoring was requested. The group were satisfied with the information presented and approved the use of the device based on the evidence presented. The item will now proceed through standard mechanisms for evaluation and consideration of cost and service implications. Author to make amendments as described, share final guideline for our records and to notify RK/VG when other processes are complete and the device is fully approved and available to allow formulary page update and ScriptSwitch message deployment. **Secukinumab- Carol Martin** This was approved **Asthma Biologics-Andrew Smith** **Benralizumab** **Dupilumab** **Mepolizumab** **Omalizumab** **Tezepelumab** These were discussed. There are plans for National Guidance which would support prescribers with choice. The group agreed that we need confirmation of timescales, and if not imminent, NHSL guidance would be required prior to authorisation of changes to these medicines. This ensure parity with other clinical specialties. Any guidance should include specific product choice, rather than broad categories	

(d)	**Alteplase Infusion Chart -Mehrdad Malekian** A question was raised regarding the number of syringes referred to in the document. GR to contact author to clarify and feedback to the group.	
9.	**ADTC New Medicines Decisions** These were accepted	
10. **(a)**	**Unlicensed Medicines** **Nil**	
11.	**Medication and Clinical risk in Lanarkshire** https://www.gov.uk/drug-safety-update	
12.	**Regional Cancer Advisory Network** Nil	
13.	**Patient Safety Alerts** Nil	
14.	**Lay member related items** Nil	
15. **(a)** **(i)**	**Correspondence** **ADTC Collaborative** **Nil**	
16.	**Pharmacy & NMAHP Prescribing Governance** Nil	
17. **(a)**	**AOCB** **EUCAST Updates** **Stephanie Dundas** **Adults** **Neonates and Paediatrics** SD gave a summary. Reporting of antibiotic susceptibility from microbiology laboratories has changed in line with the European Committee on Antimicrobial Susceptibility Testing (EUCAST) recommendations. Some antibiotics will now be reported as "I – increased dose required". Antibiotics reported as "I" are appropriate treatment options when used at the correct dose. The increased dosing remains within product licenses. The group requested AMT approval dates to be added, and documents require a title. It would also be helpful to make the section on enteral route clearer. There	

	was also a point raised around the facility to add a link to lab results on Clinical Portal with this information. SD to take forward. The document will be hosted on RDS website. It was highlighted that cephalexin suspension is currently not available. The documents were agreed in principle with amendments to allow changes within the labs to progress, however updated versions to return for final ratification. SD will link with Lab services to ensure communication strategies align.	
(b)	**PERT Products-National Shortage** UL product currently being sourced. This will need blanket approval by ADTC in due course. Pharmacy MI are working with the various affected specialties to create a communication to support prescribers and patients. Information is already available on GP prescribing systems, and this will be updated when NHSL guidance is issued.	
(c)	**Formulary Adherence and ScriptSwitch Reports** These are being developed by Meds Guidance Team. They will cover key points and actions across a different therapeutic area each month. These will be shared widely.	
18.	**Date of next meeting** Wednesday 19th June 2024 10-12pm MS TEAMS	