ADTC (M) 23/06
Minutes 55 - 66

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Area Drugs and Therapeutics Committee
held on Monday 11 December 2023 at 2.00pm
via Microsoft Teams

PRESENT

Dr Scott Muir (in the Chair)

Katie Adair	Gerard McKay
Ronnie Burns	Marie-Anne McLean
Maureen Byrne	Aileen Muir
Yvonne Clark	Faria Qureshi
Alex Crighton	Yvonne Semple
Brian Digby	Helen Smith
Noreen Downes	Audrey Thompson
Ysobel Gourlay	Fiona Thomson
Roger Hardman	Amit Verma
Peter Kewin	Janice Watt
Kay McAllister	

IN ATTENDANCE

Bea Watson	Secretariat(Minute)

			ACTION BY
55.	**CHAIR'S STATEMENT**		
	The Chair reminded members that papers and proceedings related to SMC advice were, in some cases, confidential, and should not be disclosed before the relevant embargo dates. Members were reminded to make relevant declarations of interest in line with Board policy. Members were advised not to speak with members of the press on ADTC business but to refer such enquiries to the Board Press Liaison Office. **NOTED**		
56.	**WELCOME AND APOLOGIES**		

			ACTION BY
	The Chair welcomed those present to the December meeting of the Area Drugs and Therapeutics Committee. Apologies for absence were intimated on behalf of: Elaine Paton Welcomes noted for: Amit Verma, Ronnie Burns, and Helen Smith. Dr Roger Hardman appointed as new vice chair of ADTC **NOTED**		
57.	**MINUTES OF PREVIOUS MEETING**		
	The Committee considered the minute of the meeting held on Monday, 09 October 2024 [ADTC(M)23/05] and were content to accept these as an accurate record of the meeting. **APPROVED**		
58.	**MATTERS ARISING**		
	There were no matters arising. **NOTED**		
59.	**NEW MEDICINES FOR CONSIDERATION**		
(1)	**REPORT ON SMC PRODUCT ASSESSMENTS**		
	Members were asked to declare any interests specific or non-specific, personal or non-personal, on any of the drugs being discussed on an individual basis. No declarations of interest were made. *See Appendix 1 for summarised decisions.* **NOTED**		
60.	**ADTC SUBCOMMITTEE SIX MONTHLY REPORTS**		
a)	**Safer Use of Medicines**		
	Prof Gerard McKay provided a verbal update regarding 'Safer Use of Medicines' The Committee noted that the group was now meeting 4 times a year. There was an ongoing review of the safe use of medicines, and medicines handling guidelines and protocols.		

			ACTION BY
	Individual medication guidelines were also being reviewed (including valproate, alfentanil or any instances were safety concerns were raised). There was an ongoing discussion regarding how the information from the Group was disseminated to prescribers and those administering medications. The ADTC discussed the recent NPSA Safety alert regarding carbomer lubricating solutions and how the information would be disseminated. Aileen Muir advised that there were ongoing discussions regarding the way alerts were being originated as there had been a number of issues lately. There was a meeting planned for January where this would be further discussed and plans would be put in place. The Committee were content to note the update provided. **NOTED**		
61.	**ADTC SUBCOMMITTEE UPDATES**		
a)	**Prescribing Interface**		
	Dr Hardman advised that the last update provided to ADTC covered the last meeting of the Prescribing Interface group and the next meeting was scheduled for the following day so further update would be provided at the next ADTC meeting. **NOTED**		
b)	**Medicines Utilisation Update**		
	Amit Verma provided an update from the Medicines Utilisation Group. The Committee noted that there had been a recent change of the leadership within the group. There were ongoing discussions regarding guidelines for novel biological therapies which were becoming very common. The aim was to develop a policy for guidelines including these treatments to avoid duplication of similar guidelines. The committee discussed the recent change of guidelines for contraceptives and were advised that this was being discussed by the group.		

			ACTION BY
	NOTED		
c)	**Non-Medicines Utilisation Update**		
	Marie-Anne McLean advised that there was no meeting of the Non-medicines Utilisation Group since the last ADTC and there was nothing to update. **NOTED**		
d)	**Antimicrobial Subcommittee**		
	Ysobel Gourlay provided an update from the Antimicrobial Subcommittee. The Committee noted surgical prophylaxis guidelines and a number of treatment guidelines were being updated, including Malaria treatments, following discussions at the last AUC meeting. There had been a noted increase in Meropenem use . The appropriateness of meropenem use is currently being monitored **NOTED**		
	PROGRESS UPDATES		
62.	**HEPMA PROGRESS REPORT**		
	Janice Watt provided a brief update on HEPMA and advised that there had recently been an update to the system which brought some new functionality. There was also an ongoing work on the business continuity processes. The focus now is on use of the data from HEPMA to inform prescribing practices and education The Committee were content to note the update. **NOTED**		
63.	**ADTC Collaborative Update**		
	Helen Smith provided an update from the ADTC Collaborative. The Committee noted there was a presentation from NHS Fife on Scottish IV Fluid Programme. Among issues noted were lack of education, issues with the nationwide management of the programme, and general lack of progress. There were efforts to secure government support for the programme nationally and there was a need for better involvement from pharmacy regarding		

			ACTION BY
	fluid management in Acute services. This information was included in the newsletter which will be circulated with the Committee There was an update from NCMAG who were looking for volunteer representatives from ADTC for a voting member on their Council. Information to be forwarded to ADTC members if they would be interested in volunteering. The ADTC Collaborative discussed sodium valproate and noted there would be further safety advice coming out soon. Additional updates included: new SIGN guidelines, an update from SAPG, and update from NSS on environmental sustainability in the procurement process – details were detailed in the newsletter. The Committee discussed the issues regarding the IV fluid programme implementation within the NHSGGC. Faria Qureshi advised that pre-pandemic there was an ongoing work to develop guidelines The Committee were content to note the update. **NOTED**		
64.	**Scottish Medicine Consortium Goals Update**		
	Scott Muir presented the slides from the Scottish Medicines Consortium ADTC roadshow. The Committee noted the following: - Background, function, and structure of the SMC, - Ongoing discussion and guidelines for end–of-life medication and medicines for rare diseases, - Review of access to new medicines - Process breakdown for HTA process and adaptive HTA - Data summary on SMC workload with regards to submissions, acceptance rates, and cost effectiveness. - An update on recent achievements and successes, as well as, current challenges and opportunities. The Committee discussed the process of inclusion of drugs in local formularies by the ADTCs following SMC recommendation. Mr Muir advised that it was up to the individual boards to decide how to proceed with the SMC recommendation.		

			ACTION BY
	The Committee discussed the role of SMC in negotiation of patient access schemes. It was noted that obtaining rebates with some cancer therapies was quite a complex process and there was a question regarding simplifying these processes. It was recognised that this was an ongoing challenge and discussion and it was noted that this was partly due to differences between systems in England and Scotland. The Committee discussed the challenges with regards to abbreviated submissions and asked if more clinical information was included in those as it was not easy to make a decision with the information currently provided. The Committee discussed confidentiality considerations with regard to the information included in the SMC submissions. The Committee were content to note **NOTED**		
65.	**AOCB**		
	The Chair invited members to raise any other items of business. The Chair thanked Audrey Thompson, who was stepping down from the ADTC, for all her contributions to the work of the Committee over the years. **NOTED**		
66.	**DATE OF NEXT SCHEDULED MEETING**		
	Monday, 19th February, 2pm, via Microsoft Teams		

Appendix 1:NHS Greater Glasgow and Clyde New Medicines Decisions

Date of ADTC Decisions: **11/12/2023**

avacopan

SMC2578

Tavneos®

Indication:

In combination with a rituximab or cyclophosphamide regimen, for the treatment of adult patients with severe, active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA).

ADTC Discussion points

Positive responses from experts. Steroid sparing treatment option for some patients. For use during remission induction and in some cases during relapses.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use

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deucravacitinib

SMC2581

Sotyktu®

Indication:

Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.

ADTC Discussion points

JAK inhibitor. Oral agent. Expert advises in practice likely to be used in patients who have not responded well to, or cannot use methotrexate, acitretin, or phototherapy. May displace apremilast.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use

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tafamidis

SMC2585

Vyndaqel®

Indication:

Treatment of wild-type and hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM).

ADTC Discussion points

Previously was an EAMS medicine. No alternative therapy for this patient group. Low patient numbers but likely to increase now there is a treatment available.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use

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bimekizumab

SMC2605

Bimzelx®

Indication:

Alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs (DMARDs).

ADTC Discussion points

Experts welcome additional option, particularly in IL17 targetted therapy. They advise that large numbers of patients fail to respond adequately to existing therapies

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use

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bimekizumab

SMC2616

Bimzelx®

Indication:

axial spondyloarthritis
•For the treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI) who have responded inadequately or are intolerant to non-steroidal anti-inflammatory drugs (NSAIDs).
•For the treatment of adults with active ankylosing spondylitis who have responded inadequately or are intolerant to conventional therapy.

ADTC Discussion points

Experts welcome additional option, particularly in IL17 targetted therapy.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use

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cipaglucosidase alfa

SMC2606

Pombiliti®

Indication:

Long-term enzyme replacement therapy used in combination with the enzyme stabiliser miglustat for the treatment of adults with late-onset Pompe disease (acid α-glucosidase [GAA] deficiency).

ADTC Discussion points

Additional treatment choice for patients if other options not tolerated.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Restricted to specialist use

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risankizumab

SMC2534

Skyrizi®

Indication:

Treatment of patients 16 years and older with moderately to severely active Crohn's disease who have had an inadequate response to, lost response to, or were intolerant to conventional therapy or a biologic therapy, or if such therapies are not advisable.

ADTC Discussion points

Positive expert response. GGC Treatment pathway under development. Useful additional option for patients but likely further down the treatment pathway.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use

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cemiplimab

SMC2584

Libtayo®

Indication:

Monotherapy for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma (CSCC) who are not candidates for curative surgery or curative radiation.

ADTC Discussion points

Accepted on to GGC Formulary in line with regional protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol

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durvalumab

SMC2582

Imfinzi®

Indication:

In combination with gemcitabine and cisplatin for the first-line treatment of adults with locally advanced, unresectable, or metastatic biliary tract cancer.

ADTC Discussion points

Referred to RCAG for protocol development.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development)

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nivolumab

SMC2619

Opdivo®

Indication:

In combination with platinum-based chemotherapy for the neoadjuvant treatment of resectable (tumours ≥4 cm or node positive) non-small cell lung cancer in adults.

ADTC Discussion points

Referred to RCAG for protocol development.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development)

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selpercatinib

SMC2573

Retsevmo®

Indication:

Monotherapy for the treatment of adults with advanced rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) not previously treated with a RET inhibitor.

ADTC Discussion points

Referred to RCAG for protocol development.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol (in development)

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trastuzumab deruxtecan

SMC2608

Enhertu®

Indication:

As monotherapy for the treatment of adult patients with unresectable or metastatic HER2-low breast cancer who have received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.

ADTC Discussion points

Referred to RCAG for discussion

ADTC Decision:

28/02/2024

Local restrictions on use:

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amivantamab

SMC2368

Rybrevant®

Indication:

Monotherapy for treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) Exon 20 insertion mutations, whose disease has progressed on or after platinum-based chemotherapy.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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lumasiran

SMC2639

Oxlumo®

Indication:

Treatment of primary hyperoxaluria type 1 (PH1) in all age groups.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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osilodrostat

SMC2640

Isturisa®

Indication:

Treatment of endogenous Cushing’s syndrome in adults

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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efgartigimod alfa

SMC2561

Vyvgart®

Indication:

Add-on to standard therapy for the treatment of adult patients with generalised Myasthenia Gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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mercaptamine

SMC2571

Procysbi®

Indication:

treatment of proven nephropathic cystinosis. Cysteamine reduces cystine accumulation in some cells (e.g. leukocytes, muscle and liver cells) of nephropathic cystinosis patients and, when treatment is started early, it delays the development of renal failure.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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pegunigalsidase alfa

SMC2591

Elfabrio®

Indication:

Long-term enzyme replacement therapy in adult patients with a confirmed diagnosis of Fabry Disease (deficiency of alpha-galactosidase).

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

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progesterone

SMC2630

Utrogestan®

Indication:

Prevention of preterm birth in women with a singleton pregnancy who have a short cervix (mid-trimester sonographic cervix ≤25 mm) and/or a history of spontaneous preterm birth.

ADTC Discussion points

ADTC Decision:

Not routinely available as not recommended for use in NHSScotland

Local restrictions on use:

Atidarsagene autotemcel

SMC2413

Libmeldy®

Indication:

treatment of metachromatic leukodystrophy (MLD) characterized by biallelic mutations in the arylsulfatase A (ARSA) gene leading to a reduction of the ARSA enzymatic activity:
- in children with late infantile or early juvenile forms, without clinical manifestations of the disease,
- in children with the early juvenile form, with early clinical manifestations of the disease, who still have the ability to walk independently and before the onset of cognitive decline.

ADTC Discussion points

Accepted on to the UO pathway.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:

Dabrafenib (caps) and trametinib (tabs) combination

NCMAG107

Indication:

The treatment of adult patients with locally advanced or metastatic anaplastic thyroid cancer with evidence of a BRAF V600E mutation and with no satisfactory locoregional treatment options.

ADTC Discussion points

Accepted for inclusion on GGC Formulary in line with regional protocol.

ADTC Decision:

Routinely available in line with local or regional guidance

Local restrictions on use:

Restricted to specialist use in accordance with regional protocol

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Metreleptin

SMC2559

Myalepta®

Indication:

As an adjunct to diet as a replacement therapy to treat the complications of leptin deficiency in lipodystrophy (LD) patients with:
- confirmed congenital generalised LD (Berardinelli-Seip syndrome) or acquired generalised LD (Lawrence syndrome) in adults and children 2 years of age and above.
- confirmed familial partial LD or acquired partial LD (Barraquer-Simons syndrome), in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control

ADTC Discussion points

Accepted on to the UO pathway.

ADTC Decision:

Routinely available in line with national guidance

Local restrictions on use:
