Area Drugs and Therapeutics Committee Meeting Minutes Wednesday 19th June 2024 10-12pm Microsoft Teams Meeting	
Present:	Mehrdad Malekian (Chair) Kirsty Macfarlane (Minutes) Mogese Abbas (Item 8d) Naomi Booker (Item 8e) Chris Miller Penny Brankin Gail Richardson Lynn Duff Christine Carswell Christine Gilmour
1. Apologies:	Tyra Smyth, Alistair Brown, Rachael Kelly, Victoria Gemmell, Stephanie Dundas, Colin Angus
2. Declaration of Interest	No declarations

Item	Notes	Action
3.	**<u>Minutes/Actions from the last meeting</u>** The minutes from the May meeting were approved with no changes.	
4.	**<u>Matters Arising</u>**	
a)	**Finerenone Diabetic Kidney Disease - Jack Fairweather** No further comments and approved	
b)	**SAPG Response to MHRA updated statement on use of fluoroquinolones – Progress update from Stephanie Dundas** No further update received so far – to be added to the July meeting.	
c)	**HF Guideline - update Robin Weir** No further update received – to be added to the July meeting.	
d)	**Freestyle Libre 3 guideline - Liz McIntyre** No further update received – to be added to the July meeting.	
e)	**Asthma Biologics-Andrew Smith - update** MM gave an update. National Guidance is pending; however local guidance will be produced to support clinicians' meantime.	
f)	**Alteplase Infusin Chart – update Gail Richardson** There was a lack of clarity as to who submitted this chart. A version which had previously been shared for comments is in use in Monklands and was believed to have been taken through the critical care group in Monklands. It was suggested to withdraw this Monklands version pending further clarification. GR to take forward.	

g)	**EUCAST - update Stephanie Dundas** To be added to the July meeting.	
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 08 July 2024.** **ULTRA ORPHAN PATHWAY Initial assessment** • birch bark extract (Filsuvez) Chiesi Limited SMC2651 *This would be for individual dermatology cases due to the ultra-orphan nature of the approval.* **FULL SUBMISSIONS** • pembrolizumab concentrate for solution for infusion (Keytruda) (MGC) Merck Sharp & Dohme Ltd SMC2644 **NOT RECOMMENDED** *For noting* • empagliflozin film-coated tablets (Jardiance) Boehringer Ingelheim SMC2642 **ACCEPTED RESTRCITED** *Renal teams to be contacted* • nivolumab, relatlimab concentrate for solution for infusion (Opdualag) Bristol Myers Squibb SMC2645 **ACCEPTED with PAS** *Discussed within WOSCAN* • pembrolizumab (Keytruda) Merck Sharp & Dohme Ltd SMC2660 **ACCEPTED with PAS** *Discussed within WOSCAN* **RESUBMISSION** • pegunigalsidase alfa (Elfabrio) Chiesi Ltd SMC2665 **ACCEPTED RESTRICTED with PAS** *This is expected for use in tertiary Boards. Expected to be high cost.* **ULTRA ORPHAN PATHWAY Reassessment** • voretigene neparvovec 5 x 1012 vector genomes/mL concentrate and solvent for solution for injection (Luxturna) Novartis Pharmaceuticals UK Ltd SMC2641 **ACCEPTED with PAS** *This is also a potentially high cost medicine and to be taken through local prescribing management board. There are a number of ophthalmology discussions ongoing – Hairmyers expected to be the only site and Tony Carson involved in these discussions.* **ABBREVIATED SUBMISSION** • follitropin delta (Rekovelle) Ferring Pharmaceuticals Ltd SMC2670 **ACCEPTED RESTRICTED with PAS** *Gynaecology/obstetric teams to be contacted*	

	NON SUBMISSIONS • lenacapavir film-coated tablets and solution for injection (Sunlenca) Gilead Sciences Ltd SMC2691 • remimazolam (Byfavo) Paion UK Ltd SMC2692 • trastuzumab deruxtecan (Enhertu) Daiichi Sankyo UK Limited SMC2693 **AMENDED ADVICE** glofitamab (Columvi) Roche Products Ltd SMC2614 epcoritamab (Tepkinly) AbbVie Ltd SMC2632 tirzepatide (Mounjaro) (Obesity) Eli Lilly & Company Ltd SMC2653 Minor amendments have been made to the Detailed Advice Document (DAD) for these. The DAD will be reissued to Boards on Friday 07 June 2024 and published on the website on Monday 10 June 2024. **Paediatric Licence Extensions** **FOR NOTING**	
6.	**SMC follow up** Remdesevir – SD was taking forward but the RDS guidelines website includes links to the updated national guidance. Update the SMC follow up as the guidance now is up to date. ADTC to contact SD to let her know the website has been updated and whether she requires anything further. The committee agreed with the proposed updates for loncastuximab and olaparib *(Available in line with local or regional guidance)* and semaglutide for weight management (*Available in line with local or regional guidance - The guideline for the medicine has been approved by ADTC, and it will now proceed through standard procedures for evaluation and consideration of cost and service implications.)*. No further update on these discussions was provided. The committee agreed with suggested updates for avacopan, bimekizumab and deucravacitinib and dupilumab, secukinumab, difelikefalin, daridorexant and mirikizumab	
7.	**Lanarkshire Formulary** All proposed changes for the following sections that were actioned in May and brought to ADTC for ratification were agreed. All changes were brought as notes added for stock issues.	
8. **(a)**	**Clinical Protocols** **Bimekizumab protocol clean copy – Sanjiv Nandwani** Author asked to submit updated treatment pathway that clarifies role of this drug and when it would be used in relation to other approved drugs for similar condition before approval granted	

(b)	**Antimicrobial Policy Register SBAR - Steve McCormick** This SBAR was discussed and requests for further extensions to review dates for some guidelines. Previous extensions to some guidelines during covid means some are now quite out of date. The antimicrobial team has been reduced in staffing which has affected these updates. Having no guideline on the RDS website is also a risk – and potentially focus on the more widespread used guidelines first. The committee have accepted the proposal but have requested written assurance from the antimicrobial team that the proposed extensions to the guidelines are still clinically appropriate. The SBAR mentions moving some guidelines from MedEd and Firstport to RDS. To clarify with SM that there are still outstanding guidelines on MedEd and Firsport as the understanding was that all antimicrobial guidelines had been migrated to NHSL guideline website over 2 years ago.	
(c)	**Gastroscopy - Audrey McCallum** This guideline has been adapted from national guidance and has been widely circulated for comment. The pre-procedure has some minor amendments needed and the governance section still requires to be completed. With regards to continuing anticoagulants if in range – further advice on monitoring and plans if they are not in range are required. The leaflet has some unusual font and use of capitals so requires some minor formatting amendments. It was also queried whether the leaflet has been through the Board clear English approval process. There is a typo on page 6 for the spelling of 'soluable'. The use of a blanket ULM request form is appropriate as consent cannot always be received in an emergency.	
(d)	**Doxasosin for TRN - Mogese Abbas** This has been previously approved by the Mental Health Drug and Therapeutics Committee. Prazosin is a more familiar medicine for this indication but there were supply issues and this guidance recommends the use of doxazosin which is the preferred agent now. The guidance has few typos that need corrected. There isn't significant ongoing monitoring and the form C information should assist GPs to prescribe. This is a prescribing practice already in place so is not expected to increase prescribing costs. Number of patients to be prescribed will be collated if possible by MA. To be brought back to the next meeting	
(e)	**ADHD Guideline – Naomi Booker** This has been approved by the Mental Health DTC and this detailed document incorporates a number of other guidelines and was well received. There is an outstanding bioequivalence change needed in section 11.3 which NB will action (they are similar, not bioequivalent). The mental health meeting approval needs added too. For Appendix 2 and the comment about 'turnaround 7-10 days' – suggestion to add 'at least' to soften this timescale slightly. With these changes; this is now approved.	

	Dupilumab – Carole Martin	
(f)	The protocol for this medicine was approved on clinical grounds by ADTC, and will proceed through standard procedures for evaluation and consideration of cost and service implications.	
(g)	**Deucravacitinib – Carol Martin** The protocol for this medicine was been approved on clinical grounds by ADTC, and will proceed through standard procedures for evaluation and consideration of cost and service implications. GR will highlight this medicine through the Acute Medicines Management Board. Clarify with CM where this sits in the treatment pathways.	
(h)	**Migraine treatment Pathway** KM provided an update on the position of oral migraine treatments. The focus of these discussions is on the decision for use of the two oral CGRP receptor antagonists (rimegepant and atogepant) in NHS Lanarkshire. These have been accepted for use by SMC since May and October 2023 and despite some initial promising discussions, we have struggled to get local specialist input into these guidelines and therefore agreements for use and place of these medicines. This adapted draft guideline was attached and subsequently circulated following the meeting which is taken from the draft GGC guidance for comments. The importance to ADTC members of moving the decisions on these medicines forward where possible within our current processes was emphasised. Primary care teams are getting increasing requests from patients and we have had ongoing individual patient enquiries via the Medical Director, in light of the length of time since SMC approval of these medicines. Further discussion will take place at the July ADTC meeting.	
9.	**<u>ADTC New Medicines Decisions</u>** Updated bulletins from Feb, March and April 2024, and May's Bulletin were circulated and relevant updates highlighted. The committee approved all amendments.	
10.	**<u>Unlicensed Medicines</u>**	
(a)	**Unlicensed Medicine Policy update** KM updated the committee that this is moving towards completion. Helpful discussions with HoDs and senior primary care pharmacists, alongside meetings with the 3 dispensary leads, paediatrics and further engagement with the mental health teams have continued to amend and evolve the policy. GR has linked in with relevant acute leads and the associated SOPs surrounding unlicensed medicines are also being consolidated and updated. Tyra Smyth is taking the policy to GP Sub on the 24th June and the policy is aimed to come to July ADTC for final sign off.	
11.	**<u>Medication and Clinical risk in Lanarkshire -</u>** <u>https://www.gov.uk/drug-safety-update</u> No updates or comments received	
12.	**<u>Regional Cancer Advisory Network</u>** No updates or comments received	

13.	**<u>Patient Safety Alerts</u>** No updates or comments received	
14.	**<u>Lay member related items</u>** No updates or comments received	
15. **(a)**	**<u>Correspondence</u>** **<u>ADTC Collaborative</u>** No updates or comments received	
16.	**Pharmacy & NMAHP Prescribing Governance** No updates or comments received	
17.	**<u>AOCB</u>** **West Regional Formulary** CG provided an update on the status of discussions on the proposed development of a West Regional Formulary. These conversations are taking place in each of the 5 West Health Boards as to proposed ways forward. It is advised that this would be a positive direction of travel for Lanarkshire and the Medical Director and Chief Executive are in support of this regional work in line with the Chief Executives key areas of focus. A summary paper will be circulated following the meeting with any further comments fed back at the July meeting. **NCMAG Questionnaire** KM highlighted a project that NCMAG in collaboration with the University of Strathclyde are undertaking to understand the governance, policies and processes in place across Scotland's territorial health boards (THBs) for the review of individual and group level requests for off-label and off-patent medicines, uses for both cancer and non-cancer indications. They are looking for one completed questionnaire per Board and she has linked in with the cancer lead pharmacist. The committee were content for KM to complete this on behalf of NHS Lanarkshire. **Supply of unlicensed Lidocaine and Adrenaline (Epinephrine)** A blanket form is required for 1% and 2% w/v lidocaine and adrenaline for local anaesthesia across NHS Lanarkshire. There are significant supply issues with the licensed products and these products are used to provide local anaesthesia prior to certain procedures and is required. A blanket form for NHS-wide would be helpful. MM agreed and GR to circulate the paperwork following the meeting.	
18.	**<u>Date of next meeting</u>** Wednesday 17th July 2024 10-12pm MS TEAMS	