	_	herapeutics Committee Meeting Minutes			
		ny 20 th November 2024 10am-12pm			
Microsoft Teams Meeting					
Present:	Mehrdad Malekian (Chair)	Kirsty MacFarlane (until item 8b)			
	Victoria Gemmell (Minutes)	Stephanie Dundas			
	Rachael Kelly	Gail Richardson			
	Tyra Smyth	Alistair Brown			
	Christine Carswell	Craig Thurtell			
	Kelly Baillie	David Semple			
	Colin Angus	Additional Attendees			
	Graeme Bryson	Antony Carson			
	Chris miller	Ailsa Brown SMC			
		Yvonne Semple SMC			
1. Apologies:	Penny Brankin				
	Linda Johnstone				
2.	nil				
Declaration					
of Interest					
Item					
		Notes	Action		
3.	Minutes/Actions from the las	t meeting	Action		
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	·	t meeting	Action		
3. 4.	These were agreed as a true re Matters Arising	t meeting eflection of the meeting and can be published.	Action		
3.	These were agreed as a true re Matters Arising Management of Periop Adult	t meeting eflection of the meeting and can be published. Diabetic Guideline – Claire Carson update	Action		
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• vibegron film-coated tablets (Obgemsa) Pierre Fabre SMC2696 ACCEPTED

<u>Abbreviated Submissions</u>

Refer to Urology for advice

DEFERRED ADVICE

	levodopa / carbidopa monohydrate / entacapone / (Lecigon) Britannia Pharmaceuticals Ltd SMC2507 NOT RECOMMENDED		
	AMENDED ADVICE		
	lebrikizumab solution for injection in pre-filled syringe or pen (Ebglyss®) Almirall UK Limited SMC2707 ACCEPTED with PAS previously.		
	<u>Ultra Orphan</u>		
	Birch Bark Extract (Filsuvez®) has been accepted to the Ultra-Orphan Pathway. UO Report produced by SMC was noted.		
	Relaunch of the Innovative Licencing and Access Pathway (ILAP) ILAP is focused on getting the most transformative new medicines to patients more quickly. The existing pathway will accept applications until 20 November and the refreshed ILAP will open to new applicants in March 2025. This was noted		
	Paediatric Licence Extensions These were noted		
6.	SMC follow up RK reported on responses received from specialists from contact made following the October meeting. Plans to incorporate new medicines into the formulary with updated guidance were discussed, including Pylera. GB also reported that discussions around the pathways for use of weight loss medicines are progressing. This was noted by the committee.	RK	
7. a.	Lanarkshire Formulary Proposed Formulary Amendments November 2024 RK outlined proposed formulary amendments for November. This included an update to prescribing notes for contraceptive devices, updated links to NICE technology appraisals, and addition of prescribing notes relating to MHRA Drug Safety updates (Continuous glucose monitors and Insulin pumps). Formulary notes relating to out of stock medicines were updated and RK will investigate any board information offered around the Kay-Cee-L	RK	
b.	shortage. These were agreed. Formulary updates following new COPD Guidelines RK presented the proposed formulary amendments to the relevant Respiratory chapter sub-sections following updated NHS Lanarkshire COPD Guidance. This was agreed and formulary amendments will progress.		
c.	Formulary Amendment Request Cinacalcet tablets – Dr David Hill, Dr Jack Fairweather, Ruth Waters.		
d.	This was accepted and RK will progress with updating the formulary accordingly. Formulary Amendment Request Convatec Diamond Sachets – Tracy Tallo Stoma Care Nurse Formulary Amendment Request Convatec Diamond Sachets – Tracy Tallo Stoma Care Nurse		
	This was discussed, and a concern raised about the likely prospective increase in cost if this solidifying agent was accepted as the preferred option in NHS Lanarkshire. There are a		

number of choices, and RK provided cost information regarding other solidifying agents within the Scottish Drug Tariff. The committee felt unable to approve this request without further information, and requested trial and report of other options. This formulary amendment request was not accepted and the points raised by the committee will be fed back to the relevant team for ongoing discussions.

e. Analgesia PILs

This was accepted and RK will progress with updating the formulary accordingly.

f. Proposal update to ScriptSwitch + HEPMA Safety Information Message Valproate
This was accepted.

8. | Clinical Protocols

(a) Co-trimoxazole Information for Prescribers - Stephanie Dundas

This is an update to previous version. It includes updated monitoring requirements. This was accepted.

(b) Aciclovir Good Practice Statement – Stephanie Dundas

This is an update to previous version. It includes updated dosing information for obese patients. This was accepted. The acute empirical policy will be updated accordingly.

(c) Mirikizumab (Omvoh) Clinical Protocol - Connor Cronin

This was accepted on clinical grounds, but will need to pass through the usual channels for cost and operational approval. The group also felt it would be helpful to update current pathway to include this. Final approval is pending approval of the updated pathway.

(d) Refeeding Syndrome Guideline - Pamela Miller

This is an update to the current version. This was required due to changes with Pabrinex supply. Comments were made regarding electrolyte replacement. It was noted that reference is made to GGC guidelines for calcium supplementation. The committee felt it would be helpful for NHSL to produce an NHSL guidelines for treatment and review of calcium.

Some small spelling errors and a query regarding responsibility for monitoring will be fed back to the author.

(e) Vabysmo Clinical Protocol – Tony Carson

This was accepted on clinical grounds, but will need to pass through the usual channels for cost and operational approval. The group also felt it would be helpful to update current pathway to include this. Final approval is pending approval of the updated pathway. A question was raised regarding to reference to UL medicines-this is a standard line in the template.

Guideline-KB gave a summary. A regional protocol is expected, however there is a need for a local guidance to bridge the gap meantime. Further paperwork is not required for toculizumab as an NMR has been published. This is currently accessible in all 3 acute sites. Request to complete governance information on footnotes and at rear of document. Version number should be added also. (version 1 new document). The document was approved pending these points. Please return final copy for ADTC filing.

ULM Form Anakinra-Most of the treatments are licensed, however an ULM form has also been prepared to facilitate prescribing of Anakinra in an urgent situation. This will be held at MDGH for emergency use and only for refractory patients.

This was agreed and will be signed-off as per usual route.

(g)	Acute Stroke – Thrombolysis and Thrombectomy Pathway - Mark Barbour This was discussed. Suggestions were made to make it clear which strength of tenecteplase is to be used, as there are different licensed indications, and add this to the table. The flowchart would be more helpful if condensed to one page, and some other small changes will be fed back to the author. To return to committee for further review. The guideline was not approved at this time. Motor Neurone Disease - Linda Johnstone This was discussed. It was noted that as the majority of medications and / or route of administration are off-label within this guideline, the committee felt it would be helpful for readers for this to be stated more explicitly, perhaps with reference to the NHSL ULM policy and specify those which are considered established practice in palliative care, adding links to new ULM forms where necessary. The committee also felt a short treatment summary at the beginning would be helpful. The committee agreed this guideline would be helpful in other conditions and it would be helpful to clarify if this guideline is limited only to hypersalivation in MND, or if it could be used in other conditions. There was also a request to clarify the use of atropine and if primary care would be expected to initiate this.	
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9.	ADTC New Medicines Decisions These were approved and will be submitted for publishing.	
10.	<u>Unlicensed Medicines</u>	
(a)	Anakinra (discussed alongside item 8f)	
11.	Medication and Clinical risk in Lanarkshire https://www.gov.uk/drug-safety-update Nil	
12.	Regional Cancer Advisory Network KB gave a summary of PASG items. The committee discussed the requirements for use of Bi-specific antibodies epcoritamab and glofitamab in NHSL. The treatment requirements for these are different to standard treatments and require access to supportive medicines. A need has been identified to increase awareness of these medicines and their potential side effects and management in the wider hospital setting. Plans for this are in development.	
13.	Patient Safety Alerts Kay-Cee-L-discontinuation. This was noted Molybendum99 shortage. This was noted.	
14.	Lay member related items nil	
15.	<u>Correspondence</u>	
(a)	ADTC Collaborative	
(-)		

	nil	
16.	Pharmacy & NMAHP Prescribing Governance	
	nil	
17.	West of Scotland Formulary Update	
	GB gave an update. Plans are progressing on the development of this regional formulary. It	
	was noted that there will be a proposal for dual medical/pharmacy leadership.	
10	AOCD	
18.	<u>AOCB</u>	
a.	SMC Presentation	
a.	A presentation was given detailing the work of SMC and how medicines are reviewed.	
	The sentation was given detailing the work of sivile and now medicines are reviewed.	
b.	SBAR for ADTC - Veronica Rainey	
	The committee felt this should be referred to the National Group. Author to contact GB to	
	facilitate.	
c.	Mavacamten for HOCM patients	
	No update at present. Carry over to December meeting.	
	No arratal Farmaniana VAAAC	
d.	Neonatal Formulary KMAC This is a West shared formulary. There has been a request to move this enterthe RDS	
	This is a WoS shared formulary. There has been a request to move this onto the RDS website. It is currently published as a series of monographs and held on FirstPort so will	
	need some thought. The monographs are currently produced and reviewed by SNAP	
	(Sottish Neonatal and Paediatrics Pharmacists Group) and have a governance process in	
	place. An SBAR will be drafted to detail the plans.	
e.	PGD process Update	
	An update was given regarding current changes to PGD's. There are around 14 PGD's that	
	are nearing expiry, so the team requested an extension to allow time for full review and	
	sign off. The committee seeks assurances that these will be checked to ensure patient	
	safety before permitting an extension. A request was also made that an SBAR would be	
	helpful. It was also agreed that each acute site HOD receives a list of these extended PGD's	
	for awareness.	
	GB also noted that resources are planned for the Medicines Guidance team to support this	
	work.	
19.	Date of next meeting	
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	Wednesday 18th December 2024 10-12pm	
	MS TEAMS	
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