Area Drugs and Therapeutics Committee Meeting Minutes

Wednesday 20th August 2025 10-12.30pm

Microsoft Teams Meeting

	Present		
	Veronica Rainey (Chair) Victoria Gemmell (Minutes) Tyra Smyth Penny Brankin Stephanie Dundas Kavan Stafford **Quorate=6 members**	Gail Richardson Craig Thurtell Graeme Bryson	
1.	**Apologies for Absence**		
	Rachael Kelly, Sharon Murray, Eimear Gordon, Christine Carswell, Colin Angus, Kelly Baillie, Alastair Brown, David Semple		
2.	**Declaration of Interest**		
	Nil		
3.	**Ratification of minutes of June and July 2025 meetings**		
	These were agreed as a true reflection of the meeting and can be published.		
4.	**Matters Arising Not Covered Elsewhere on the Agenda**		
a.	**Use of Insulin Pump Systems in Acute Hospitals – Elizabeth McIntyre** **Update Awaited**		
b.	**Adult Non Obstetric Major Haemorrhage – Andrew Fyfe** **Update Awaited**		
c.	**Produodopa Clinical Protocol – Eimear Gordon** **Update via email-EG** We have a draft SOP for receiving the drug and delivery of the drug/pump within NHS Lanarkshire - The service manager is going to meet with the clinical team to confirm how patient education will be delivered (Via Healthnet nurses versus NHS Lanarkshire staff) and we should be able to present the final protocol at Septembers ADTC.		
d.	**Serotonin Syndrome Adult Guideline – Sarah Brady** **Update Awaited**		
e.	**Lithium Drug Specific Monitoring Document** **Update Awaited**		
f.	**Paediatric Charts – Farhat Mushtaq** **Update Awaited**		
g.	**Lipid Clinic for High Risk Stroke Patients – Clayton Micallef** **Update Awaited**		
h.	**Sublingual Alfentanil for Early Mobilisation in Hip Fracture Patients – Kathryn Bennet** **Guideline**-There was a request to state explicitly in the patient group section that this guideline is only for acute patients mobilising early in UHW trauma wards. Request to state preparation is IV formulation used sub-lingually; other sublingual versions exists, so this would avoid any confusion. There was a discussion around the need for staff training, the author has provided information on plans for this. Approved pending these changes.		

	ULM Blanket Request. Completed to cover use of alfentanil as per guideline. Request to state preparation used is IV formulation as above. Approved pending these changes and inclusion of all appropriate signatures.	
i.	**Chest Wall Injury Analgesia Pathway** **Update Awaited**	
5.	**ADTC Committee Business**	
a.	**Draft ToR – Graeme Bryson 15 mins** The draft document was shared with HCAG. Some comments to be incorporated. TS raised a comment around the order of items. There was a request to clarify expectations around PMMB and AMB to ensure gaps in current policies are plugged. Final version to return for final committee approval.	
b.	**Declaration of Interest Document & Guidance** A declaration of interests should be made on an annual basis by all members of governance committees in NHSLan. GB presented suggested documentation that may be suitable to capture the required information. It was noted these versions are different to standard ones previously completed by members. GB agreed there may be an option more suited to medicines governance committees. This will be investigated and retuned once the ToR has been approved.	
6.	**SMC Advice - CONFIDENTIAL**	**RK**
6.1.a	**FULL SUBMISSION**	

Medicine	Manufacturer	Indication in brief	SMC reference	Advice Summary
blinatumomab (Blincyto)	Amgen Ltd	For the treatment of adult patients with Philadelphia chromosome negative CD19-positive B-cell precursor acute lymphoblastic leukaemia (ALL) in the consolidation phase.	SMC2808	**ACCEPTED RESTRICTED with PAS**
rucaparib (Rubraca)	pharmaand GmbH (pharma&)	As monotherapy for the maintenance treatment of adult patients with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.	SMC2799	**ACCEPTED with PAS**

6.1.b **FAST TRACK RESUBMISSION**

Nil

6.1.c **2nd RESBUMISSION**

Medicine	Manufacturer	Indication in brief	SMC reference	Advice Summary
maralixibat (Livmarli)	Mirum Pharmaceuticals AG	Treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 2 months of age and older.	SMC2806	**ACCEPTED RESTRICTED with PAS**

6.1.d **DEFERRED ADVICE**

Nil

6.1.e **AMENDED ADVISE**

Nil

6.1.f **ABBREVIATED SUBMISSION**

Nil

6.1.g **NON SUBMISSIONS**

Medicine	Manufacturer	Indication in brief	SMC reference	Advice Summary
belzutifan (Welireg)	Merck Sharp & Dohme (UK) Limited	Treatment of adult patients with advanced renal cell carcinoma (RCC) whose disease has progressed on or after treatment with a programmed death receptor-1 (PD-1) / programmed death ligand (PD-L1) inhibitor and a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI).	SMC2864	**NOT RECOMMENDED**
encorafenib (Braftovi)	Pierre Fabre Limited	In combination with binimetinib for the treatment of adult patients with advanced non-small cell lung cancer with a BRAF V600E mutation.	SMC2865	**NOT RECOMMENDED**

6.1.h **WITHHELD**

Nil

6.1.i **RESUBMISSION WITHDRAWN**

Nil

6.1.j **PAEDIATRIC LICENSE EXTENSIONS**

Product	Formulation	Company	Paediatric indication	Availability in UK[2]	Adults/older age groups		NHS Boards Informed
					SMC advice	PAS[3]	
spesolimab (Spevigo)	450mg concentrate for solution for infusion	Boehringer Ingelheim	Treatment of generalised pustular psoriasis (GPP) flares in adolescents from 12 years to <18 years of age as monotherapy	14 Feb-25	Not Recommended SMC2729	No	Aug-25
ruxolitinib (Jakavi)	5mg, 10mg, 15mg and 20mg tablets	Novartis Pharmaceuticals UK Ltd	Treatment of paediatric patients aged 28 days to ≤12 years of age with acute graft versus host disease who have inadequate response to corticosteroids or other systemic therapies Treatment of paediatric patients aged 6 months to ≤12 years of age with chronic graft versus host disease who have inadequate response to corticosteroids or other systemic therapies	Update awaited from company	Accepted SMC2750 Not recommended based on non-submission SMC2498	Yes No	Aug-25

	golimumab (Simponi)	50mg and 100mg solution for injection	Janssen-Cilag Ltd	Treatment of moderately to severely active ulcerative colitis (UC) among paediatric patients aged 2 to 17 years	Update awaited from company	Not Recommended 946/13	No	Aug-25

6.1.k **COLLABORATIVE ADVICE**
Nil

6.1.l **ULTRA ORPHAN UPDATE**
Nil

These were noted.

Updates to NHS LK status on SMC advice.
RK provided updates via email.

6.2 **Follow Up**
Clinical protocols have been received for several follow up items, so decisions were deferred to allow review of these.
No further communication has been received regarding Ryeqo and faricimab, so it was agreed that the designation for these could be updated to "Not routinely available as there is local preference for alternative medicines".
There was discussion around the need to include the clinical governance lead for gynaecology to try and move this forward.

6.3 **Updates to Lanarkshire Bulletins**
These were approved.

6.4 **Outstanding SMC New Medicines Decisions**
Decisions are outstanding for mirikizumab and risankizumab for UC. Discussions are underway at the WRF expert working group which will inform these decisions.

7. **Lanarkshire Formulary / West of Scotland Formulary** **TBC**

7.1 **NHSLK formulary changes proposals**
Proposed amendments this month relates to removing discontinued products from the formulary, updating out of stock information and updating hyperlinks.

LEUPRORELIN-This proposed change was in response to an InPhase report relating to incorrect product selection. There was a discussion around the other actions that may be required to reduce the likelihood of reoccurrence. A full review of the report will take place, with feedback shared next month.

Dermax Shampoo-This was approved. There was a request to check how this fits with Pharmacy First options.

Post-meeting note – RK confirmed that Dermax or equivalent brand is not an approved item on the Pharmacy First list.

Hibiwash. This was not approved. There was a question on why the branded product was selected, rather than the

	generic. To feedback next month. Nystatin. This was approved. Teriparatide. This was approved.	
7.2	**West of Scotland Formulary Updates** KM gave a progress update. GI and CV sections are well underway. There are still barriers to recruitment of GP's to the Chapter Expert working group. Communication of information was discussed, and may have been a barrier to progress. VG will liaise with TS to try and gain traction going forward. The RF newsletter was features and a discussion followed on possible comms routes to ensure wide awareness. Future Regional Formulary Committee membership was discussed. Nominations will be sought from all five Boards, with representation including pharmacists, specialist prescribers, GPs, and medical staff.	
8.	**Clinical Protocols & Guidelines**	
a.	**Care Home Prescription Management –** KM gave a summary. The content has been developed with guidance from the Care Inspectorate. It aims to give clear guidance on when prescription requests are required. Approved pending amendments as suggested	
b.	**Home Remedies Guidance –** This is an update of an existing document. Some small amendments were suggested. Clarity was given regarding the difference between NHSL Symptomatic relief policy and this guidance. There was a discussion around where the forms will be held. Several solutions were discussed. Approved pending amendments as suggested.	
c.	**Historical SMC decisions for Multiple Sclerosis Treatments SBAR – Nicola Wilson** Recent changes in prescribing and supply of MS medicines has resulted in a change to current processes. This document has 3 requests 1. Update the Lanarkshire designation for medications prescribed locally to "Available in line with national guidance". This was approved. The formulary team will take this forward. 2. Clarify the local process for any future SMC decisions for medications to treat MS. The service should follow the usual process for introduction of new medicines in NHS Lanarkshire. This would be completion of either a clinical protocol or production of a clinical guideline. 3. Review and amend the entry relating to "Disease Modifying Agents for Multiple Sclerosis" within the Joint Adult Formulary. Work is underway to move to the West Regional Formulary. A small entry would be appropriate and helpful while awaiting the full chapter review. The formulary team will take this forward**.**	
d.	**R-hGH Guideline – Ian Hunter** Concerns were raised that GP's have not been involved in the development of this guidance. There are ongoing issues regarding prescribing of growth hormones, so it would be helpful to ensure collaboration. To remedy this, a recommendation was made to ensure discussion with PMMB prior to return to ADTC. The document was not approved.	
e.	**Elafibranor – Sean Haughey** This section is under discussion at the WRF Chapter expert working group. There were no concerns raised about the clinical aspects, however, it was suggested that due to the potential	

	financial impact, the item should be reviewed by AMMB prior to final approval by ADTC. The document was not approved. Please return to ADTC for final ratification after AMMB have approved.	
f.	**Obeticholic Acid – Sean Haughey** As per minute for item 8e. POST MEETING NOTE It has been confirmed that this item received ADTC approval in 2022. As such, no further approval is required. This information will be communicated to the authors.	
g.	**Medication Requests to General Practice – Gordon Buchanan** VR gave a summary. It was noted there had been wide consultation during development. There was a request to update the consultation record to reflect this. Some other small change requested. These will be fed back to the author. Approved pending amendments as suggested.	
h.	**Steroid Withdrawal – James McLaren** CT gave a summary. A comment was raised around the potential for use in primary care, but it was agreed that patients are likely to be under a specialty. Approved pending amendments as suggested.	
i.	**Cabotegravir – Alison Currie** This was discussed. It was noted there is a requirement for potential patients to be discussed at the national meeting with ongoing follow up by the service. Some amendments were suggested. The document was not approved at this time.	
j.	**SBAR Rheumatology – Hannah Rae** Request to remove need for off label forms when de-escalating treatments with biologics. This provides better patient care (lower dose, fewer SE, lower risk to immediate withdrawal) and lower financial burden. There is extensive experience with de-escalation regimen both locally and Nationally. Patients are reviewed routinely within specialist services. This recommendation was approved for implementation within rheumatology services only.	
k.	**SBAR Medicines Homecare – Nicola Wilson** This is a request to consider agreement of a standardised process for inclusion of homecare medicines information within EMIS/Vision records similar to that is in place with clozapine. A concern was raised regarding HIV/BBV patients and confidentiality. It was agreed a process will need to be developed to protect patients who decline communications with Primary Care. A question was raised around retrospective review of records and large amounts of communications sent to practices. It was discussed that there will be a gradual process of communications. Contact details for the Homecare service should be added to letter templates. VR to check that this information will not be lost during the migration process for any practices moving from EMIS to Vision. This request was approved subject to points above.	
BREAK (10 Minutes)		
9.	**ULM Requests**	
a.	**ULM – Hyoscine 1mg – Lorna Templeton** Blanket ULM request due to temporary disruption in routine product supply. MH specialties, all sites.	

	This was approved. **b. ULM – Sodium Thiosulfate – Stephanie Newberry** Blanket ULM request due to temporary disruption in routine product supply. This is a treatment for cyanide poisoning. UHW is the National holding site for this as part of the Rarely Used Urgent Medicines list. Current supplies are expiring. This was approved pending appropriate signatures. **c. ULM – Fluorouracil – Stephanie Newberry** ULM due to temporary disruption in routine product supply. All specialities, all sites. Suggestion for CD for Dermatology to sign off. A query was raised regarding supply via Community Pharmacy. This was checked with Pharmacy admin, who confirmed they do not hold any details on this product. Thus any supplies will need to be made via acute hospitals. This was approved pending appropriate signatures. **d. ULM – Hyoscine Hydrobromide – Stephanie Newberry** Blanket ULM request due to temporary disruption in routine product supply. All specialities, all sites. This was approved pending appropriate signatures. NOTE-additional ULM form presented and discussed in conjunction with item 4h.	
10.	**New Medicine Safety Notifications & Alerts**	**MM**
a.	CAS - Home https://www.gov.uk/drug-safety-update **b. NPSA Alert – Shortage of Antimicrobial Agents Used in Tuberculosis (TB) Treatment** This was noted. All actions are being taken forward. **c. MHRA Updates – Medicines Safety Roundup – July 2025** **d. Medicines Related Communications to Health Boards** **nil**	
11.	**Prescribing Management Board Update**	**GRB**
	Reformation of these groups is in progress. Reporting expected in due course.	
12.	**Medicines for the Treatment of Cancer**	**KB**
a.	Nil	
13.	**Non-Medical Prescribing**	
a.	**Symptomatic Relief Policy – Penny Brankin** This is a routine review of current guidance. Approved pending amendments as suggested.	
14.	**PGD Activity Report**	
	KM gave a summary. This was noted.	

15.	**Antimicrobial Management Team Update**	**SD**
	Nil	
16.	**Lay member related items**	
	Nil	
17.	**Correspondence**	
a.	**Yellow Card Update - HIS** This was noted.	
18.	**AOCB**	
	Nil	
19.	**Date of Next Meeting**	
	Wednesday 17th September 2025 10-12.30pm MS TEAMS	