

Minutes of Meeting of **Borders Area Drugs and Therapeutics Committee** held 12.00pm on Wednesday 5 September 2007 in the Committee Room, Borders General Hospital

Formally approved at Meeting held on 7 November 2007

PRESENT:

Mr David Dalglish (DD) – Chair	Dr Tom Cripps (TC)
Ms Liz Leitch (LL)	Dr John Gaddie (JG)
Dr Graham Cook (GC)	Mrs Erica Nisbet (EN)
Mr George Romanies (GR)	Ms Helen Heaney (HH)
	Mrs Ros Anderson (RA)

In Attendance: Sheila Patterson (Minutes)

		<u>Action</u>
1.	<p>Apologies and Announcements</p> <p>Apologies were received from Dr Andrew Riley (AR), Mr V Summers (VS). Ms Claire Stein (CS), Dr Ross Cameron (RC), Dr Sally Bennett (SB) Dr Declan Hegarty (DH) and Dr Peter Simms,</p> <p>DD welcomed HH to the meeting who had recently joined the Prescribing Team and was at today's meeting as an observer.</p>	
2.	<p>Minutes of previous meeting: 25 July 2007</p> <p>There were a few comments regarding the minutes.</p> <ul style="list-style-type: none"> ■ JG referred to SMC recommendation 363/07 and 364/07 which appeared to be for the same product. DD advised that they were for different indications and JG asked that this be highlighted on future minutes. ■ Page 3 Item 4d) Consultant Neurologist should be changed to read Consultant Rheumatologist. SP to amend. ■ RA referred to item 3c) Non-Medical Prescribing and advised that it read that she had written the paper circulated which in fact had been written by Jean Mitchell. SP would make the amendment accordingly. ■ RA referred to Item 5 Patient Group Directions and advised that where it stated in the case of PGD's involving nursing should state "involving any other relative people" as PGD's were not only involving nursing staff. SP would amend accordingly. 	SP
3.	<p>Matters arising:</p> <p>a) <u>Children's Formulary</u></p> <p>AR's letter to Dawn Moss (DM), Lead for Paediatric MCN had been circulated to the group. LL advised that she has since had a very constructive meeting with DM and they are now looking at a way forward for the Children's Joint Formulary. DM</p>	

	agreed to enlist the support of her Paediatric colleagues and that the meeting was very positive. JG highlighted that there was a new Paediatrician in post namely Dr Bradley Stevenson.	
b)	<p><u>Injectable methotrexate</u></p> <p>As CS was not present at today's meeting RA reported that this had not yet been included in a Prescribing Bulletin due to A&C staff shortages within Pharmacy. RA referred to budget issues for this product and DD advised that this was replacing an unlicensed product and funding would be covered by the normal lift to GPs. LL agreed to check on how many this would involve.</p> <p>The committee went on to discuss the patient leaflets and it was agreed that Dr Ruth Richmond's leaflets were excellent and it was not felt that they needed updating however, LL would discuss with Dr Richmond and find out relative numbers.</p>	<p>LL</p> <p>LL</p>
c)	<p><u>Budesonide/formoterol 100/6, 200/12 turbohaler (Symbicort SMART®)</u></p> <p>ADTC discussed this at length and noted AR's letter to Professor Webb at SMC stating the committee's concerns about the approval of this new use of this product combination. As Professor Webb had not yet replied this matter would be for discussion at the next meeting when it was hoped a reply will have been received.</p>	SP
d)	<p><u>Shared Care Guidelines and Information for GPs - Drugs used in the Treatment of Attention Deficit/Hyperactivity Disorders</u></p> <p>The dissemination of the appendix from this guideline on hypertension in children had been for CS to action and she was not present. DD highlighted that this should go on the next Prescribing Bulletin taking into account the practice points raised by DH. RA supported the need to spread this information but reminded the ADTC previous feedback when she wrote the original section i.e. that some GPs did not have paediatric cuffs. This was recognised as a medical governance issue. RA felt this was a medical issue rather than a prescribing bulletin issue and will take this forward with the relevant people to raise awareness.</p>	RA
e)	<p><u>Non-Medical Prescribing</u></p> <p>RC had replied to AR regarding this matter and the Framework for Non-Medical Prescribing had been circulated to the committee. DD advised that this issue was now going to the next Clinical Executive and they were now in a position to take this forward and develop a strategy.</p>	
4.	<p>Minutes of BFC Meetings held on 1 August 2007</p> <p>The minutes were noted.</p>	
	<p>Matters arising form BFC Minutes</p> <p>i) <u>Decisions for Endorsement from 6 December 2006</u></p> <p>a) <u>Testosterone Gel (Testogel®)</u></p> <p>This application was off-label product which had been submitted by Dr F Rodger who wishes to use this on a small number of patients. BFC agreed that clarification was required if this is for use only on surgical post-menopausal women. This had</p>	

	<p>not yet been forthcoming and LL agreed to follow this up. ADTC endorsed the decision of the BFC</p> <p>Recommended as Category "RED" - Specialist Use Only with the proviso clarification given as to the type of patients this has to be used.</p>	
	<p>b) <u>Parathyroid hormone (Preotact®)</u></p> <p>This application had been submitted by Dr Andrew Pearson which is for the treatment of post-menopausal osteoporosis. He envisaged that this would replace Teriparatide. The committee discussed the problems with regard to GPs prescribing this and it was agreed that there was a need to have shared care guidelines. LL agreed to let Dr Pearson know about the supply route and RA agreed to take this to the Osteoporosis Group to remind everyone that calcium and vitamin D intake and concordance/compliance issues should be checked before an individual's bisphosphonates therapy is deemed ineffective. ADTC endorsed the decision of the BFC</p> <p>Recommended as Category F - Recommended for consultant initiation and subsequent general use - hospital and general practice with the proviso that the guidelines are updated for service implications and expensive cost caveat.</p>	LL/RA
	<p>c) <u>Valganciclovir (Valcyte®)</u></p> <p>This application had been submitted by Dr John Tucker which is for management of CMV. ADTC endorsed the decision of the BFC.</p> <p>Recommended as Category B - Recommended for Specialist use only</p>	
	<p>d) <u>Darifenacin hydrobromide</u></p> <p>This application had been submitted by Dr Abdel-All. Its indication is for overactive bladder and is an alternative drug for those who do not respond to other OAB medications. BFC did not make a decision on this product as clarity was required on order of use and LL had discussed this with Dr Abdel-All. And he would prescribe darifenacin for patients who were referred to him from GPs having previously tried other formulary options. She advised that he is very focussed on what he is using and DD gave the committee the assurance that he endorsed LL's comments. In the future most of these products will be initiated by the Continence Service. RA commented on ensuring that all prescribers are reviewing this group of drugs 3-6 mthly and are reminded to do so . RA also raised the question regarding the fact that all of this group of drugs are now on the formulary in contrast to other therapeutic areas . BFC may or may not want this approach for more groups in the future. ADTC recommended that this now be placed as Category A.</p> <p>Recommended as Category A - Recommended for general use – hospital and general practice.</p>	
	<p>e) <u>Fumaric Acid Esters</u></p> <p>This application had been submitted by Dr D MacKay with the indication for treatment of psoriasis. This was an unlicensed product. ADTC endorsed the decision of the BFC.</p> <p>Recommended as Category "RED" - Specialist Use Only</p>	

ii)	<u>SMC Decisions</u> – EMBARGOED UNTIL 13 August 2007	
Recommended for use within NHS Scotland		
214/05	<u>nebivolol tablets 5mg (Nebilet) A Menarini</u> - LL had completed action.	
289/06	<u>rotigotine 2mg/24 hours, 4mg/24 hours, 6mg/24 hours, 8mg/24 hours transdermal patch (Neupro) Schwarz Pharma - resubmission</u> – - LL had completed action.	
Recommended for restricted use within NHS Scotland:-		
390/07	<u>clopidogrel 75mg tablets (Plavix) Sanofi-Aventis/Bristol Myers Squibb</u> GC asked that it be highlighted that GPs do not re-prescribe this medication for this indication (post STEMI) after the initial 1 month supply and this should be made clear on the patient's discharge letter. RA and LL confirmed that this had been a crucial aspect of the recent Borders-wide clopidogrel review but that constant reminders were needed. LL advised that she has completed a monthly audit on discharge letters for this medication and it showed 95% success which shows that medical staff and pharmacy staff are working together to highlight this issue. It was highlighted that this is not only about cost but patient safety and that the pocket sized reminder cards should be used. These are being provided to GPs by the Prescribing Support Team pharmacists and posters are on all the medical wards at BGH.	
392/07	<u>rotigotine 2mg/24 hours, 4mg/ 24 Hours, 6mg/24 hours, 8mg/24 hours transdermal patch (Neupro) Schwarz Pharma</u> - LL had completed action.	
393/07	<u>insulin detemir 100 U/ml solution for injection via InnoLet device (Levemir in Innolet) Novo Nordisk</u> - LL had completed action.	
Not Recommended for use within NHS Scotland		
164/05	<u>liposomal cytarabine (DepoCyte) Napp Pharmaceuticals</u> - LL had completed action.	
302/06	<u>bortezomib 3.5mg vial of powder for solution for intravenous injection (Velcade) Ortho Biotech</u> - LL had completed action.	
389/07	<u>pregabalin 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg capsules (Lyrica) Pfizer Ltd</u> It was noted that this had again had received a "Not Recommended for use within NHS Scotland" and the reason was that it was not cost effective for chronic pain. This had been given approval by BFC and ADTC but it was highlighted that this was partly due to the fact that it was to be audited and was only being used on specific patient who were intolerant to gabapentine. It was agreed that LL would check on how many yellow cards have been received for this and also LL was to check that Dr Elizabeth Douglas had the results of the audit for the next meeting.	LL

391/07	<u>idursulfase 2mg/ml concentrate for solution for infusion (Elaprase) Shire HGT UK Ltd</u> 8) LL had completed action.	
iii)	<p><u>NICE Technology Appraisal Guidance</u> (for information only) – <i>copy sent electronically.</i></p> <p>a) <u>Appraisal Guidance 121 – Carmustine implants and temozolomide for the treatment of newly diagnosed high-grade glioma</u></p> <p>It was noted that this was for tertiary care.</p> <p>b) <u>Appraisal Guidance 122 – Alteplase for the treatment of acute ischaemic stroke</u></p> <p>DD advised that BFC were unsure whether to share this locally as it was relevant for large speciality centres. ADTC discussed this and agreed that this should be shared widely as possible as it has been flagged up nationally. LL agreed to advise SP who to circulate the document to</p>	LL/SP
5.	<p>Patient Group Directions</p> <p>There was none.</p>	
6.	<p>Update from Formulary Pharmacist</p> <p>LL gave her update advising that the new BJF was at the publishers but they were having problems with formatting. She advised that she was still unsure if it would be published by the end of September. She advised that the Paediatric Formulary and Dental Formulary were her primary tasks for the year ahead. Jackie Stephen Head of IM&T was now able to focus on resources in developing and maintaining the electronic version of the Formulary and would ensure that it was updated regularly.</p>	
7.	<p>SIGN 98 – assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders</p> <p>John Reid, Guidelines Adviser/Chair CIGG has requested that ADTC are alerted to the recently published SIGN 98 – Assessment, Diagnosis and Clinical Interventions for Children and Young People with Autism Spectrum Disorders. As there is recommendations contained within the guideline pertaining to Pharmacological Treatments for these disorders. The SIGN guideline had been circulated to the group. RA reported that this should have gone to the Mental Health Formulary Committee as the first route and she stated that a letter should be sent from Dr Paul Morris to Dr John Reid. RA reported that this should have gone to the Mental Health Formulary Committee as the first route and had taken it there last week. Dr Paul Morris will write to Dr John Reid asking him to include Child and Adolescent Psychiatry Team representatives in the Borders review of the guidance</p>	RA
8.	<p>BMA Evidence Based Prescribing</p> <p>RA highlighted a useful paper published in May and she circulated a summary to highlight the key points. It was agreed that RA circulate to ADTC the link for the full document to enable members to read this fully.</p>	RA

10.	<p>A.O.C.B</p> <p>a) <u>Guidelines for Secondary Prevention after TIA</u></p> <p>RA tabled the above guideline for consideration by the ADTC. This was a guide for secondary prevention of stroke for anyone who has had a TIA/stroke. The committee discussed the document at length and it was generally felt that it was not easy to follow. LL and RA agreed to look at the document before going back to Dr Andrew McLaren. RA agreed to take this back to Stroke MCN and then circulate electronically to ADTC for comments with a final agreement at the next Borders Formulary Committee. RA is keen to get guidance to the DME team to help to reduce some inconsistencies identified during the Borders-wide review of clopidogrel usage.</p> <p>b) <u>Anti-fungal Guidance</u></p> <p>It was agreed to take this guidance to the next BFC.</p> <p>c) <u>Minutes of Mental Health Formulary Committee</u></p> <p>RA circulated two sets of minutes for noting.</p> <p>d) <u>Timing for Future Meetings</u></p> <p>It was agreed to circulate ADTC members to see if a later start to the meetings would enable more clinical members to attend.</p> <p>e) <u>Drug Approvals</u></p> <p>LL raised the issue re drug approvals and the statement on the endorsement letters "<i>The applicant should note that this does not imply that approval for funding has been agreed</i>". It was agreed that this should be discussed further at the next meeting.</p>	<p>RA/LL</p> <p>RA/SP</p> <p>SP</p>
11.	<p>Date of Next Meeting</p> <p>12.30 on 7 November 2007 in the Committee Room, Borders General Hospital</p>	