

Area Drugs and Therapeutics Committee Meeting Agenda

Wednesday 17th September 2025 10-12.30pm


Microsoft Teams Meeting

	Present	
	<div> <div>Veronica Rainey (Chair)</div> <div>Victoria Gemmell (Prof Sec)</div> <div>Rachael Kelly</div> <div>Chris Miller</div> <div>Tyra Smyth</div> <div>Kaven Stafford</div> <div>Colin Angus (from item 5a)</div> <div>Quorate=6 members</div> </div> <div> <div>Kirsty Macfarlane</div> <div>David Semple (until item 8i)</div> <div>Stephanie Dundas</div> <div>Kelly Baillie</div> <div>Penny Brankin</div> <div>Eimear Gordon</div> <div>Christine Carswell</div> </div>	
1.	Apologies for Absence	
	Craig Thurtell, Gail Richardson, Alastair Brown	
2.	Declaration of Interest	
	Nil	
3.	Ratification of minutes of August 2025 meeting	
	These were agreed as a true reflection of the meeting and can be published	
4.	Matters arising not covered elsewhere on the agenda	
	<p>a. Use of Insulin Pump Systems in Acute Hospitals – Elizabeth McIntyre (For noting)</p> <p>Amendments made as previously requested, other than addition of appendix 5. This is causing some ongoing difficulty. A solution is pending. The document is approved subject to this.</p> <p>b. Adult Non Obstetric Major Haemorrhage – Andrew Fyfe</p> <p>Amendments made as previously requested. A query was noted regarding specific drug brand name. For clarification with author. Change record to be updated. Clinical content agreed however documents to return for noting post clarification.</p> <p>c. Produodopa Clinical Protocol – Eimear Gordon</p> <p>EG gave an update. Some ongoing issues to be worked out and a pathway to be presented for approval in due course.</p> <p>d. Paediatric Charts – Farhat Mushtaq</p> <p>A request was made to change target audience to HM only-still says board wide. Approved for use on HM site only with the expectation that the outcomes will be reported and the guideline will be expanded to all three sites in due course. The committee approved the guideline for 12 months to facilitate this.</p> <p>As the guideline is for UHH use only at present, the guideline should not be hosted on RDS at this time.</p> <p>e. Chest Wall Injury Analgesia Pathway – Kathryn Bennet</p> <p>Update awaited</p>	

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	<p>f. R-hGH Guideline – Ian Hunter Update awaited</p> <p>g. Elafibranor – Sean Haughey Update awaited</p> <p>h. Cabotegravir – Alison Currie Update awaited</p> <p>i. Leuprorelin errors – Cheryl MacPhail This was discussed. KB will discuss with urology team and raise awareness. There are standard letters for communication of specific brand. These will be shared for onward circulation with relevant teams. In addition, a recommendation was made to present the issue at AMMB for further advice.</p> <p>j. Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy - Susanne Gray. Amendment for noting. This was approved.</p>	
5.	ADTC Committee Business	
	<p>a. Draft ToR – Veronica Rainey This was discussed. Some amendments were suggested which will be incorporated. For further discussion.</p> <p>b. Declaration of Interest Document & Guidance – Graeme Bryson nil new</p>	
6.	SMC Advice - CONFIDENTIAL	RK
	<p>SMC Advice – September 2025</p> <p> SMC - September 2025.docx</p> <p>These were noted. There was a discussion around paediatric license extensions.</p>	
6.2	<p>Updates to NHS LK status on SMC advice RK provided updates. Proposed updates to designations as outlined were agreed.</p>	
6.3	<p>Updates to Lanarkshire Bulletins These were agreed.</p>	
6.4	<p>Outstanding SMC New Medicines Decisions RK summarised designation updates. It was agreed that this paper does not need to return as these outstanding designations have been satisfied.</p>	

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7.	Lanarkshire Formulary / West of Scotland Formulary	TBC
7.1	<p>NHSLK formulary changes proposals</p> <p>These were agreed. Papers included a Formulary Amendment Form for Carbomer Clinitas branded eye gel.</p>	
7.2	<p>West of Scotland Formulary Updates</p> <p>KM gave an update. Work is progressing on the first 4 chapters. Draft pathways are being circulated for further discussion within the expert groups. Ongoing updates are being provided by the regional team on a regular basis.</p>	
8.	Clinical Protocols & Guidelines	
	<p>a. Protocol for Administration of Warfarin by Community Nursing in Primary Care – Christine Paterson</p> <p>It was discussed that the document seems overly complicated for the purpose. Concerns were raised regarding GP prescribing of warfarin based on this guideline as warfarin is not covered by LES.</p> <p>There was a query regarding timing of warfarin administration and a concern raised that the dose could be missed if outwith stated window. Warfarin is consider to have a long duration of action, so it was unclear why this restriction was necessary. Further comments to be collated and shared with authors.</p> <p>The document was not approved.</p> <p>b. Fenfluramine – Lynsay McAulay</p> <p>There are arrangements in place regarding ongoing monitoring and funding approval. Clinical protocol approval was given on the assumption these will continue as before.</p> <p>c. Valproate Prescribing Review Process – Lorna Templeton</p> <p>This was updated in line with the recent MHRA update to reflect new versions of RAF, ARAF, patient guides and HCP guides, as well as addition of MHRA infographics to clarify the risk minimisation measures required in certain age groups.</p> <p>This was approved.</p> <p>There was discussion around guidelines associated with valproate for other services and for those who may not be known the specialist services. VR to take this forward with the Chair of the Valproate SLWG.</p> <p>d. Bimekizumab – Carole Martin</p> <p>This was approved.</p> <p>e. Sirolimus Gel 0.2% - Carole Martin</p> <p>This was approved pending additional clarification on ongoing supply.</p> <p>This was a request from our GP representative on plans for transfer of care, specifically if GP would be expected to prescribe and if the item will be available via community pharmacy.</p> <p>As this replaces an ULM, which is currently experiencing supply problems, the</p>	

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	<p>committee are content that the item can be approved and supplied via hospital services as planned while these details are being ironed out.</p> <p>POST MEETING NOTE-it was confirmed with the Lead Dermatology Consultant that the intention is that the patient will be discharged from Dermatology to primary care with a request for Sirolimus gel to be prescribed indefinitely when no further Dermatology follow up or review is required (likely after 12 months) and there is no routine monitoring required on the part of the GP.</p> <p>f. SLWG Bariatric Conclusion Paper – James Torrens This was discussed and some point of clarity requested. There were comments noted around flow and consistency.</p> <p>g. IP Diabetes – Elizabeth McIntyre The committee noted this was a well laid out, comprehensive document that will be appreciated by teams. Approved with no changes. It was discussed that clinicians are spending large amounts of time preparing and creating documents. It was agreed that technical support would be beneficial.</p> <p>h. Investigation of Polyuria/Polydipsia Syndrome with the Arginine-Stimulated Copeptin Test - Craig Thurtell Some clarifications were requested. Approved pending these.</p> <p>i. CMP Pathway for Primary Care – James Torrens This was discussed and several point of clarity were noted. There was a request to check the basis for the guideline, as there are similar already in use and to confirm which stakeholders have been included in the development of this version. The document was not approved.</p> <p>j. Impact of Correspondence to GP Practices from Private Prescribers of GLP-1 RAs for Obesity - Chris Miller CM gave a summary. There was a request to expand the work to include all types of private requests. There was agreement given to move forward with this and feedback in due course.</p> <p>k. Anti-D Prophylaxis – Gordon Buchanan There was a request for some clarifications. Approved pending these.</p> <p>l. Peripheral Non-Adrenaline – Nicholas Holt There was a request for some clarifications. The document was not approved.</p>	
BREAK (10 Minutes)		
9.	ULM Requests	
	a. Fucidin – Steve McCormick	

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	SD gave an overview. Sodium fusidate has been withdrawn from the UK market due to lack of financial viability. This was approved. b. Arginine-Stimulated Copeptin Test - Craig Thurtell Discussed under item 8h. This was approved.	
10.	New Medicine Safety Notifications & Alerts	
	<p>a. CAS - Home nil new</p> <p>b. MHRA Safety Roundup – August 2025 Meds safety round up-for noting. Main item –OTC children’s Mg²⁺ gummies found to contain melatonin.</p> <p>c. Medicines Related Communications to Health Boards nil new</p>	
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
	Nil	
13.	Non-Medical Prescribing	
	Nil	
14.	PGD Activity Report	RK
	<p>RK provided a summary of the report. PGDs with outstanding issues were highlighted to the committee.</p> <p>The committee discussed an SBAR concerning the Palliative Care PGDs which was presented at PMMB, the ask of which was to extend these for a 12 month period, as the service was being reviewed by a SLWG. A suggestion was made to contact the original signatories for an opinion as the responsible persons, and the SBAR will be tabled at the October meeting.</p> <p>RK to email the authors and signatories noted on the PGD to inform them of this.</p>	
15.	Antimicrobial Management Team Update	SD
	Nil	
16.	Lay member related items	
	An issue was raised regarding out of stock medication.	
17.	Correspondence	

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	Nil	
18.	AOCB	
	<p>a. NHSL letter- FirstPort/Clinical Guidelines – Kavan Stafford 12:15</p> <p>An issue has been raised regarding the number of guidelines accessible via FirstPort that are out of date. The clinical guidelines team are going through the process of identifying the authors and checking if they are still current and would they like moved to the current guideline tile on the RDS website. This may cause an increase in guidelines requiring ratification by ADTC. A risk assessment will be carried out to minimise the risk of removal where there is no replacement. It was noted that some documents are linked on Google that have been archived on RDS. These should be highlighted to the CG team and has already been escalated to the RDS team. A question was raised regarding forms associated with guidelines. Unfortunately these cannot be hosted on RDS.</p> <p>VR will take this forward due to the patient safety concerns highlighted.</p>	
19.	Date of Next Meeting	
	Wednesday 22 nd October 2025 10-12.30pm MS TEAMS	