

### Minutes of the **Somerset Prescribing Forum** held via Microsoft Teams, on **Wednesday**, 19<sup>th</sup> January 2022.

Present:	Dr Clare Barlow (CB)	Chair D&TC, Somerset NHSFT
	Steve DuBois (SDB)	Chief Pharmacist, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Jean Perry (JP)	Contracts Manager, NHS Somerset CCG
	Dr Carla Robinson (CR)	Public Health Registrar, Somerset County
		Council
	Caroline Taylor (CT)	Prescribing Technician, CCG
	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Antony Zorzi (AZ)	Chief Pharmacist, Acute, Somerset NHSFT
Apologies:	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHSFT

#### 1 APOLOGIES FOR ABSENCE AND INTRODUCTIONS

As detailed above

#### 2 REGISTER OF MEMBERS' INTERESTS

2.1 The Somerset Prescribing Forum received the Register of Members' Interests relevant to its membership.

There were no further amendments to the Register.

The Somerset Prescribing Forum noted the Register of Members' Interests.

### 3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

3.1 Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Somerset Prescribing Forum.

There were no declarations of interest relating to items on the agenda.

#### 4 MINUTES OF THE MEETING HELD ON 10<sup>th</sup> November 2022

4.1 The Minutes of the meeting held on 10<sup>th</sup> November were agreed as a correct record.

#### 4.2 **Review of action points**

Actions from Septembers meeting: Discussion within group ensued around overdue follow ups. Raised within the organisation, everyone is very aware.

#### 5 Matters Arising

### 5.1 NIHR Signals

### Research shows some types of HRT are linked to lower risks of breast cancer

SM gave an overview, highlighting the need for awareness that severe menopausal symptoms can have a detrimental effect on people. Have open conversations with patients so they can make informed decisions and choices.

The MM team have recently undertaken a significant piece of work in reviewing the formulary and webpage resources, including NICE guidance. It's hoped that this will empower primary care colleagues to have better knowledge over the treatment options listed.

The CCG have commissioned a trial service, with a GP Specialist in menopause and HRT.

SM would welcome any further thoughts around this area of work from secondary care and this group. -Noted

#### 6 Other Issues for Discussion

-None this month

7 Other Issues for Noting

-None this month

8 Additional Communications for Noting These are items shared by the MMT with primary care colleagues, which may be of interest for trusts and the wider system.

#### 8.1 DHSC Monthly Supply Issues Updates December 2021

Highlighted that this function is moving from the monthly list to a web-based search programme.

-Noted

#### 8.2 Change to dose for Iron deficiency prescribing

Practices have been informed of the change in guidance for iron deficiency prescribing to one tablet/capsule once a day dosing as initial treatment, based on the British Society of Gastroenterology update. We have many patients prescribed doses above this who we would recommend are reviewed and reduced to once a day dosing as per the new guidance.

Moving to a once daily approach to improve patient concordance, whilst maintaining the same clinical benefit. Will also help with medication waste.

-Noted

Trusts to pick up with ward pharmacists and teams, including maternity teams. Action: AP & AZ

#### 8.3 **Prescribing recommendations from memory clinic**

Recommendations, from the memory clinic around prescribing have been raised with the MM team by GP practices.

SG has raised this with Trusts, they should go through a due process for evidence review and approval. -Noted

- 8.4 Adjustment to 2021-22 prescribing and quality improvement scheme -Noted
- 8.5 Gliptin and GLP-1 agonist NOT recommended -Noted
- 8.6 **Diabetics prescribed Oramorph**

-Noted

#### 8.7 Repatriating high dose liraglutide prescribing

Prescribers are reminded that liraglutide as Saxenda<sup>®</sup> is TLS RED for specialist prescribing as per NICE. -Noted

#### 8.8 Amoxicillin 500mg TDS for 5 days only (most indications)

Flagged to primary care outlier prescribing of seven days duration of treatment rather than five days. To be monitored.

-Noted

8.9 Somerset flu outbreak

-Noted

8.10 COPD and HF SMRs

-Noted

#### 8.11 **B12** investigation and oral cyanocobalamin prescribing

Plan is to get patients back to injectable B12 following the switch to oral formulation during the pandemic period. -Noted

#### 8.12 Antiviral pathway: Covid Medicine Delivery Units in Somerset -Noted

#### 8.13 Improving CVD outcomes - Thank you

Somerset has had a significant shift over 18months to obtain the top 10<sup>%</sup> position nationally for high dose statin prescribing. -Noted

#### 8.14 Understanding informed consent in medicines-related conversations

Document produced by SPS, which highlights medico legal issues with regards to risk and benefits. -Noted

#### 9 Formulary Applications

#### 9.1 <u>Lixiana Film-Coated Tablets</u> (edoxaban tosilate)

Indicated in prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, age  $\geq$  75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA).

Also indicated in treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and for the prevention of recurrent DVT and PE in adults (see section 4.4 for haemodynamically unstable PE patients).

Following the results of a national procurement process Edoxaban has been deemed the most cost effective DOAC and was confirmed at PAMM as formulary first line DOAC.

Most patients are managed in primary care, where there is an AF anticoagulation service.

AP had asked SDB to raise concerns, on his behalf around switching. Edoxaban will be included and discussed at February's SomersetFT DTC meeting.

Edoxaban was approved as the first line DOAC for AF, where its use is appropriate.

#### Update formulary

Action: DB

9.2 <u>Utrogestan<sup>®</sup></u> 200mg vaginal capsules (micronised progesterone), Besins Healthcare (UK) Ltd.

As per updated NICE guidance [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management recommendations:

1.5.2 Offer vaginal micronised progesterone 400 mg twice daily to women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage. [2021]

1.5.3 If a fetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy. [2021]

Off-label use of vaginal micronised progesterone.

The updated NICE guidance has been discussed with the Trust. They have been asked to provide the initial supply, in order to avoid in any potential delay in treatment whilst the patient obtains a prescription from the GP. Discussed at this morning's PAMM and happy to support that it would be appropriate for the Trust to provide four weeks supply (or if the patient is over 12 weeks pregnant, then enough to last up until 16 weeks). If a fourweek supply doesn't take the patient up to 16 weeks, then primary care could provide the remainder of the supply. This would require good communications from the Trust.

SPF group discussed and in principal trusts support. The timeframes regarding issuing of supply to patients will be discussed in Februarys SomersetFT D&TC meeting.

Approved as TLS AMBER for this indication, subject to agreement from the Trust around supply as noted above.

Add to TLS AMBER, subject to agreement from the Trust around supply as noted above. Action: ZTW

#### 9.3 COVID 19 Treatments Update from GOV.UK for: Regulatory approval of Paxlovid

For approval

Approved as a **RED** drug for use by the Trust, with the pathway to be updated as per national guidance (NICE is out next week).

-Noted Add to TLS RED drug.

Action: **ZTW** 

#### 10 DTC decisions and other reports

10.1 **Somerset NHS Foundation Trust Mental Health D&TC** -Last meeting 07/12/21 Minutes not received

Discussed off label use of medicines.

The Trusts non-medical prescribers support patients with ADHD.

#### 10.2 YDH Medicines Committee -

Last meetings 19/11/21 & 14/01/22 - November draft Minutes received

YDH have moved back to Moviprep<sup>®</sup> as had issues with Plenvu<sup>®</sup> More PGDs where reviewed and updated. Discussed the resources for women and children on valproate. Reviewed and updated the oral methotrexate policy.

10.3 **Somerset NHSFT D&TC** - Last meeting -18/11/2021 Minutes not received -Nothing to note

#### 10.4 **Somerset Antimicrobial Stewardship Committee**

- Next meeting TBC

10.5 **Somerset ICS Medicines Optimisation (SIMO) Committee** - Next meeting 16/02/2022

-Noted

10.6 **RMOC Update** 

-Noted

#### Part 2 – Items for Information or Noting

11 NICE Guidance November & December -Noted

#### 12 NICE Technology Appraisals

12.1 [TA747] Nintedanib for treating progressive fibrosing interstitial lung diseases - New

-Approved
NHSE Commissioned. Add to TLS RED Drug Action: ZTW

12.2 [TA746] Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer - New

-Approved
NHSE Commissioned. Add to TLS RED Drug Action: ZTW

12.3 [TA749] Liraglutide for managing obesity in people aged 12 to 17 years (terminated appraisal)

-Noted

12.4 [TA748] Mexiletine for treating the symptoms of myotonia in nondystrophic myotonic disorders -New

-Approved
NHSE Commissioned. Add to TLS RED Drug Action: ZTW

12.5 [TA751] Dupilumab for treating severe asthma with type 2 inflammation - New -Approved Action: ZTW NHSE Commissioned. Add to TLS RED Drug 12.6 [TA750] Olaparib for maintenance treatment of BRCA mutationpositive metastatic pancreatic cancer after platinum-based chemotherapy (terminated appraisal) -Noted 12.7 [TA754] Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome - New -Approved NHSE Commissioned. Add to TLS RED Drug Action: ZTW 12.8 [TA753] Cenobamate for treating focal onset seizures in epilepsy – New -Approved CCG Commissioned. Providers are NHS hospital trusts and primary care providers. Add to TLS AMBER Drug Action: **ZTW** 12.9 [TA752] Belimumab for treating active autoantibody-positive systemic lupus erythematosus - New -Approved NHSE Commissioned. Add to TLS RED Drug Action: ZTW 12.10 [TA756] Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis -New within the Cancer Drugs Fund -Approved NHSE Commissioned. Add to TLS RED Drug Action: ZTW 12.11 [TA755] Risdiplam for treating spinal muscular atrophy -New -Approved NHSE Commissioned. Add to TLS RED drug Action: ZTW [TA757] Cabotegravir with rilpivirine for treating HIV-1 - New 12.12 -Approved NHSE Commissioned. Add to TLS RED Drug Action: ZTW

12.13 [TA758] Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy - New

-Approved

CCG Commissioned. Add to TLS RED – PBR excluded high-cost drug Action: ZTW

#### 12.14 [TA759] Fostamatinib for treating refractory chronic immune thrombocytopenia - New

-Noted

Add to TLS Not Recommended. Action: ZTW

12.15 [TA760] Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer -New within the Cancer Drugs Fund

-Approved
NHSE Commissioned. Add to TLS RED Drug Action: ZTW

#### 13 NICE Clinical Guidance

13.1 [NG188] COVID-19 rapid guideline: managing the long-term effects of COVID-19 - Update

-Noted

13.2 [NG208] Heart valve disease presenting in adults: investigation and management - New

-Noted

- 13.3 [CG187] Acute heart failure: diagnosis and management -Update -Noted
- 13.4 [NG28] Type 2 diabetes in adults: management Update -Noted
- 13.5 [NG203] Chronic kidney disease: assessment and management -Update

-Noted

13.6 [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management - Update

-Noted

#### 13.7 [NG143] Fever in under 5s: assessment and initial management -Update

-Noted

#### 13.8 [NG209] Tobacco: preventing uptake, promoting quitting and treating dependence - New

Treating tobacco dependence programme of work is currently led by Public Health.

CR enquired if there is a plan for this to be led by Trusts. A discussion between Public Health and Trusts would need to take place, CR will feedback this to her colleagues.

### 13.9 [NG191] COVID-19 rapid guideline: managing COVID-19 - Update -Noted

#### 13.10 [NG210] Pelvic floor dysfunction: prevention and non-surgical management – New

-Noted

The MM team will review this guidance and include anything useful on our website. Action: Sam Morris and Daniela Broughton

13.11 [NG151] Colorectal cancer - Update

-Noted

### 13.12 [NG131] Prostate cancer: diagnosis and management - Update SG suggested the group members might want to raise within their Trusts -Noted

Raise with Trusts teams.

Action: AP & AZ

- 13.13 [NG12] Suspected cancer: recognition and referral Update -Noted
- 13.14 [CG150] Headaches in over 12s: diagnosis and management Update -Noted

#### [NG211] Rehabilitation after traumatic injury -New

13.15 Rehabilitation services are commissioned by CCGs. Providers are NHS hospital trusts, community providers and primary care providers.

-Noted

#### 14 Specialist Commissioning

Talk of specialist commissioning coming back to ICS commissioning in the future.

An area for consideration at future meetings.

#### 15 Risk review and management

#### 15.1 **COVID 19 Treatments**

#### 16 Safety Items, NPSA Alerts and Signals

#### 16.1 MHRA Drug Safety Update Nov 2021 and Dec 2021

-Noted

### 16.2 Adrenaline auto-injectors: reminder for prescribers to support safe and effective use

The CCG adrenaline auto-injector advice on use for GPs and patients has been updated to include a link to this Drug Safety Update. -Noted

#### 16.3 Yellow fever vaccine (Stamaril): new pre-vaccination checklist -Noted

## 16.4 Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus

Communications have been issued around this. -Noted

## 16.5 Venetoclax (Venclyxto ▼): updated recommendations on tumour lysis syndrome (TLS)

-Noted

# 16.6 Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium

-Noted

#### 16.7 COVID-19 Therapeutic Alert: Withdrawal of the Recommendation for Consideration of Inhaled Budesonide as a Treatment Option for COVID-19

-Noted

## 16.8 NIHR Evidence - Persistent throat symptoms should not be treated with pills that reduce stomach acid

SG asked Trusts to raise with their GI and ENT teams. -Noted.

Raise with GI and ENT teams

Action: AP & AZ

#### 17 High-Cost drugs

17.1 CCG currently in block contracts. Internal discussions underway around the process to be put in place for next year. A turnaround implying a return to PBR.

> Await position. -Noted

#### 18 Any Other Business

SG highlighted a document due out with a greater focus on the opioid problem re: addiction and misuse.

Work across the interface to try and address / stop patients becoming addicted and misusing prescribed medications including opioids, hypnotics etc.

Stopping patients becoming addicted after an acute procedure. Pressure to manage the outcomes of poor prescribing. Work together across all the services, focus on inequalities and deprivation.

DATE OF NEXT MEETING 16<sup>th</sup> March 2022 MEETING DATES FOR 2022 11<sup>th</sup> May 13<sup>th</sup> July 14<sup>th</sup> September 16<sup>th</sup> November