



Minutes of the **Somerset Prescribing Forum** held via Microsoft Teams, on **Wednesday**, 14<sup>th</sup> September 2022.

Present:	Dr Clare Barlow (CB) Steve DuBois (SDB) Shaun Green (SG)	Chair D&TC, Somerset NHSFT Chief Pharmacist, Somerset NHSFT Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Sam Morris (SM) Jean Perry (JP) Andrew Prowse (AP)	Medicines Manager, NHS Somerset Contracts Manager, NHS Somerset Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Caroline Taylor (CT) Dr Andrew Tresidder (AT)	Prescribing Technician, NHS Somerset Chair, NHS Somerset GP Patient Safety Lead

Apologies:

# 1 APOLOGIES FOR ABSENCE AND INTRODUCTIONS

No apologies were received.

#### 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 13<sup>th</sup> July 2022

4.1 The Minutes of the meeting held on 13<sup>th</sup> July were agreed as a correct record.

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

-All compete

# 5 Matters Arising

# 5.1 Discuss membership

The Terms of Reference (ToR) for SPF need updating, to replace instances of CCG with ICB, and Clinical Executive Committee with Executive Committee.

A discussion took place addressing limited attendance for this meeting and whether people, with a system wide interest with medicines optimisation, could potentially be invited to become members of this group.

Do we invite the ICB Chief Nursing Officer or Chief Medical Officer along?

The intention, as the ICB takes on its shape and function, is to work even more collaboratively than we have been. Making sure SPF fulfils its function as the area prescribing committee for Somerset.

AP informed the group, in terms of committee structures, currently SomersetFT DTC and Somerset Medicines Governance Committee at YDH. Looking to create an overarching DTC starting from January 2023, overseeing formulary management across YDH and SomersetFT. Potential for merging Medicines Governance elements from April 2023. With one single Medicines Governance committee for the joint organisation, and subgroups supporting the Medicines Governance committee. For example, one for mental health, one for stewardship etc.

CB felt the membership has evolved and moved away from the original ToR where we were a very balanced committee, roughly 50-50 clinicians and nonclinicians (pharmacy and medicines management). The collaboration between the two is crucial.

For balance of decision making and understanding having more clinician representation moving forward would be important.

SDB suggested the possibility of having a system wide committee with PCN, hospice, private providers representation.

SM suggested linking in primary care contracts.

SG thanked members for their useful comments, any further feedback would be really appreciated.

Also raised that presently, the agenda contains numerous items for noting. Suggested agenda with an area containing items for decision making or for discussion and agree & a second section purely for noting that we don't routinely go through unless there's something contentious or we want to raise.

JP asked if her attendance is necessary. Also raising the possibility of SPF linking with providers outside of Somerset e.g., Exeter, Bristol, Bath etc

#### Keep on agenda for Novembers meeting

# 6 Other Issues for Discussion

6.1 <u>Ogluo 0.5mg solution for injection in pre-filled pen.</u> Tetris Pharma Ltd, cost £73:00, each pre-filled pen contains 0.5 mg glucagon in 0.1 mL Ogluo 1mg solution for injection in pre-filled pen Tetris Pharma Ltd, cost

£73:00, each pre-filled pen contains 1 mg glucagon in 0.2 mL

NHS Somerset not recommending, a niche product for very individual patients. -Noted

Add to TLS 'Not for general use'.

#### Action: **ZTW**

- 6.2 Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists
   Remind primary care not to respond to requests for people who've purchased their own nebulizer.
   Approved
   -Noted
   Add to TLS RED nebulised asthma rescue therapy for paediatric asthma
  - Action: ZTW
- 6.3 **Differences between metolazone preparations and safety considerations** Usually initiated by or recommended by specialists and then prescribing taken over by primary care. -Noted

# 7 Other Issues for Noting

-None

#### 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 Semaglutide quantities - position of GLP-1s re: weight loss

Highlighting the inappropriate prescribing of large quantities. Requests coming into primary care for weight loss use.

#### Trusts to raise

Action: AP

# 8.2 Lipid management searches - NHS Digital

-Noted

#### 8.3 Tildiem supply and safety issues

Inappropriate prescribing: once a day preparation being prescribed twice a day, this poses a patient risk.

-Noted

# 8.4 Hypromellose 0.3<sup>%</sup> drops – removal from Drug Tariff

-Noted

# 8.5 Emollients BEE study | Best Emollients for Eczema (BEE)

-Noted

### 8.6 **Codeine and Tramadol poor metabolisers**

Prevalence of poor and ultra-metabolisers. Side-effect issue, patient issue, not benefiting.

Genetic & genomic testing is coming to primary care which may help identify these patients.

-Noted

# 9 Formulary Applications

 9.1 <u>Itzenal 7.5 mg/ 5 ml Oral Solution, Sugar-Free (Alimemazine tartrate)</u> Zentiva, 100ml - £89.00 <u>Itzenal 30 mg/ 5ml Oral Solution, Sugar-Free (Alimemazine tartrate)</u> Zentiva, 100ml - £99.00

First licensed sugar-free alimemazine oral solution available in the UK Approved Add to TLS 'Not for general use'. Action

Action: ZTW

# 9.2 GlucoMen Day real-time CGM, £33.50 per 14-day sensor

Approved use in Somerset for all NICE recommended patients aged >6.Add to formularyAction: EKAdd to TLS GREENAction: ZTW

# 9.3 Virgan, Ganciclovir eye gel 0.15<sup>%</sup>, Thea Pharmaceuticals Ltd. 5g - £19.99

Proposal first line for treatment of acute herpetic keratitis in adults, excluding pregnant women.

-Approved Add to antimicrobial guidance Add to formulary Add to TLS GREEN

Action: Helen Spry Action: EK Action: ZTW

### 9.4 <u>Aciclovir Agepha 30 mg/g eye ointment</u> Aciclovir 3<sup>%</sup> eye ointment, 4.5g-£45:00

(Only approved treatment for babies and pregnant women) Proposal first line for treatment of acute herpetic keratitis in children and pregnant women. Second line for adults.

-Approved Add to antimicrobial guidance Add to formulary

Action: Helen Spry Action: EK

### Add to TLS GREEN

 9.5 Senshio▼, Ospemifene 60 mg film-coated tablets, Shionogi 28 - £39.50 Indicated for the treatment of moderate to severe symptomatic vulvar and vaginal atrophy (VVA) in post-menopausal women who are not candidates for local vaginal oestrogen therapy.
 -Approved

CB to pass on relevant email address to SM raise with menopause service

Add to formulary. Not 1st lineAction: EKAdd to TLS GREEN on the recommendation of specialistAction: ZTW

#### 9.6 Hydrocortisone Oral Solution, Colonis Pharma Ltd

Licensed for replacement therapy in adrenal insufficiency in infants, children, and adolescents (from 1 month to <18 years old).

Drug Tariff special 5mg/5ml\_100ml -£20.16, 10mg/5ml\_100ml - £15.84

-Approved Best practice to use licensed products Add to Specials guidance Add to formulary Add to TLS GREEN

9.7 Zacco 5mg/5ml Oral Suspension (Clobazam 5mg/5ml oral suspension SF) Thame Laboratories, 150ml £90:00 <u>Zacco 10mg/5ml Oral Suspension</u> (Clobazam 10mg/5ml oral suspension SF) Thame Laboratories, 150ml £95:00

New licensed product, cost-effective option -Approved Add to preferred brands

#### 9.8 Branded Hypromellose 0.3% eye drops

Generic removed from Cat C in drug tariff and now priced against branded. To control costs proposal for these to be the preferred brands:

- AacuLose Hypromellose 0.3% (10ml) 71p
- AaproMel 0.3% (10ml) 69p

• Lumecare Tear Drops 0.3% (10ml) - 80p

Current choice is Nutilis Clear powder (Nutricia Ltd)

- Better to encourage brand prescribing
- -Approved

9.9

#### Add to preferred brands

Food thickener for dysphagia.

5

Proposal to revert to Thick and Easy Clear as first line on safety grounds as trust moving over to Thick and Easy Clear powder from November 2022.

Thick and Easy Clear powder, Fresenius Kabi Ltd. 126gm x £6.50

Action: CT

# Action: CT

Action: HB

Action: EK

Action: ZTW

The two products are mixed different and have different scoops which has the potential to make the wrong consistency drink leading to aspiration or dehydration.

Fresenius Kabi, say they have a well-established implementation plan which includes training in the acute trusts, community hospitals and Care Homes as well as provision of resources such as posters and leaflets etc. -Approved

Add to sip feed guidance Add to formulary

Action: Ezmerelda White Action: EK

# 10 DTC decisions and other reports

10.1 **Somerset NHS Foundation Trust Mental Health D&TC** - Last meeting - 13/09/22, verbal update given

SDB chaired the meeting, and the following were discussed:

• NICE depression guidance:

-Epival approved for in house use.

-Risperidone long-acting generic. Not directly equivalent to Risperidal Consta so waiting for information on the paliperidone long-acting injection and cost implications before making any decisions.

-SM working with Stelios to co-produce brief guidance for management of patients that are pregnant and on mental health medications. SSRIs will be completed first.

• Cariprazine - Scotland and Wales use with restrictions.

#### 10.2 **YDH Medicines Committee** - last meeting 13/07/22

AP & SM attended, following discussed

- Critical medicines shortage
- Promethazine; pregnancy sickness
- Potassium permanganate
- Renewal of 12 PGDs.

#### 10.3 **Somerset NHSFT D&TC** - last meeting 29/07/22

Sub-cut furosemide End of life

#### 10.4 Somerset Antimicrobial Stewardship Committee - Next meeting TBC

#### 10.5 Somerset ICS Medicines Optimisation (SIMO) Committee - Last meeting

Last meeting 15/06/22 draft Minutes received. August meeting cancelled

# 10.6 **Regional Medicines Optimisation Committee (Southwest)** Last meeting - 12/09/2022

AT attended, the following discussed:

• Green agenda - Somerset was mentioned several times for its great performance

• Genomics & pharmacy - Free training currently available

• Medicines safety-Sam Morris mentioned for the great work on medication in pregnancy and breastfeeding

- Digital transformation
- Glucose monitoring & diabetes network

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

11 NICE Guidance July & August

-Noted

- 12 NICE Technology Appraisals
- 12.1 [TA810] Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence -New

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

12.2 [TA809] Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease -New

-Approved

NHSE Commissioned. Add to TLS RED Drug Action: ZTW

- 12.3 [TA811] Duvelisib for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal) -Noted
- 12.4 [TA812] Pralsetinib for treating RET fusion-positive advanced non-smallcell lung cancer - New

- Add to TLS Not Recommended

Action: ZTW

12.5 [TA814] Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis - New

-Approved

The technologies for adults are commissioned by ICS The technologies for adolescents are commissioned by NHSE.

Add to TLS RED Drug

Action: **ZTW** 

12.6 [TA813] Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors -New

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

12.7	[TA817] Nivolumab for adjuvant treatment of invasive urothelial cancer			
	at high risk of recurrence - New			
	-Approved			
	NHSE Commissioned. Add to TLS RED	Action: ZTW		
12.8	[TA816] Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer -New			
	-Approved NHSE Commissioned. Add to TLS RED	Action: ZTW		
12.9	[TA815] Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs - Replaces TA711			
	-Approved ICS Commissioned. Add to TLS RED	Action: ZTW		
12.10	[TA819] Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies - xxx			
	-Approved NHSE Commissioned. Add to TLS RED	Action: ZTW		
12.11	[TA818] Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma - New			
	-Approved NHSE Commissioned. Add to TLS RED	Action: ZTW		
12.12	[TA821] Avalglucosidase alfa for treating Pompe disease - New			
	-Approved NHSE Commissioned. Add to TLS RED	Action: ZTW		
12.13	[TA820] Brolucizumab for treating diabetic macular oedem	<u>ia</u> -New		
	-Approved ICS Commissioned. Add to TLS RED	Action: ZTW		
	Members of the group felt having new and updated guidance b attention via this group was really helpful. The MMT look at any new medicine's recommendations within guidelines.	C		

AT suggested having one or two people looking at the non-prescribing element and whether, as a group, asking if this happens.

13 NICE Clinical Guidance

# 13.1 [NG191] COVID-19 rapid guideline: managing COVID-19 -Updated

Updated recommendations on using remdesivir in hospital and added a recommendation on vitamin D for treating COVID-19.

-Noted

13.2 [NG187] COVID-19 rapid guideline: vitamin D - Updated

-Noted

# 13.3 [NG164] COVID-19 rapid guideline: haematopoietic stem cell transplantation - Updated

-Noted

# 13.4 [NG224] Urinary tract infection in under 16s: diagnosis and management - New

Non

-Noted
To review and update antimicrobial guidance accordingly Action: HS

# 13.5 [NG14] Melanoma: assessment and management - Update

Updated recommendations on genetic testing, staging, surgery for stages 0 to III melanoma, anticancer treatment for people with stage III and IV melanoma, and follow-up.

-Noted

# 13.6 [NG209] Tobacco: preventing uptake, promoting quitting and treating dependence - Updated

Updated recommendations on treating tobacco dependence in the section on stop-smoking interventions for Allen Carr's Easyway.

Public Health should be looking at this guideline.

-Noted

# 13.7 [NG122] Lung cancer: diagnosis and management - Updated

Produced new treatment pathways -Noted

# 13.8 [NG161] COVID-19 rapid guideline: delivery of systemic anticancer treatments -Updated

Reviewed the evidence and made new recommendations on shared decisionmaking.

-Noted

# 13.9 [NG17] Type 1 diabetes in adults: diagnosis and management - Updated

Updated recommendations on blood pressure targets -Noted

# 13.10 [NG225] Self-harm: assessment, management and preventing recurrence -New

-Noted

# 13.11 [CG189] Obesity: identification, assessment and management - Updated

Updated recommendations on identifying and assessing overweight, obesity and central adiposity. -Noted

#### 13.12 [MTG71] Faecal microbiota transplant for recurrent Clostridioides difficile infection -New

Cases still cropping up.

-Noted

# To pass link to the relevant person

Action: AP

# 14 Specialist Commissioning

# 14.1 To discuss any issues raised by the acute trust

Specialist commission contract for YDH and SomersetFT was merged in September 2022. The contract will be managed across the two trusts.

# 15 Safety Items, NPSA Alerts and Signals

# 15.1 MHRA Drug Safety Update July & August

-Noted

# 15.2 Topiramate (Topamax): start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure

Used for migraine in a group of people.

Discussed in depth yesterday in the MH DTC meeting about ensuring adequate contraception when on these types of medication and to have that ongoing conversation with patients

-Noted

# 15.3 <u>Reclassification of Gina (estradiol) 10 microgram vaginal tablets for</u> <u>treatment of vaginal atrophy to Pharmacy (P) medicine</u>

We will not be moving for self-care in Somerset -Noted

# 16 High-Cost Drugs

### 16.1 To discuss any issues raised by the acute trust with regards to highcost drugs growth

Data is not flowing through to SG; AP receives data for Yeovil but no data for SomersetFT

Currently block arrangement with the high-cost drugs budget

# 17 Any Other Business

# 17.1 Reminder to undertake COI training annually and online Interests Register.

-Noted

JP mentioned that pharmacy contracts are coming to the ICB.

# 17.2 Any items arising from PAMM not on the agenda

-None

# 18 **Risk review and management**

The maternity equity and equality strategy is being edited, reviewed, and written at the moment. Safe prescribing in pregnancy and lactation has been added.

# DATE OF NEXT MEETING

16<sup>th</sup> November 2022