Nottinghamshire Area Prescribing Committee Formulary Meeting Minutes

APC Meeting 15th June 2023: The meeting took place as a web conference using Microsoft Teams.

All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet with all names included unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.

Present:

Laura Catt (LC) (Chair)	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire ICB**
David Kellock (DK)	**Consultant in Sexual Health & SFH Drug and Therapeutics Committee Chair**	**Sherwood Forest Hospitals NHS Foundation Trust**
Jennifer Moss Langfield (JML)	**GP**	**LMC Representative**
Ann Whitfield (AW)	**Patient Representative**	**Representative for the local population**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
Deborah Storer (DS)	**Lead Pharmacist – Medicines Information and DTC & Formulary**	**Nottingham University Hospitals NHS Trust**
Steve Haigh (SH)	**Medicines Information and Formulary Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Hannah Godden (HG)	**Principal Pharmacist, Adult Mental Health Community Teams**	**Nottinghamshire Healthcare NHS Trust**
Georgina Dyson (GD)	**Advanced Nurse Practitioner**	**CityCare ICB**
Katie Sanderson (KS)	**Patient Representative**	**Representative for the local population**

In Attendance:

Dr Sowjanya Ayyalaraju, NUH Dermatology Consultant, attended for agenda item 5a) Tirbanibulin (Klisyri®) for Actinic Keratosis.
Emma Westmancoat, NUH HPB Clinical Lead Dietitian, attended for agenda item 5b) Pancrease HL® for Exocrine Enzyme Deficiency.
Claire McCooey, Primary Care Pharmacist – Nottingham & Nottinghamshire ICB – attendeded to observe.
Jill Theobald, Senior Medicines Optimisation Pharmacist, Nottingham & Nottinghamshire ICB attended for agenda item 8) Continence Formulary.

Interface Support (NHS Nottingham & Nottinghamshire ICB):

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH.
Shary Walker (SW), Specialist Interface & Formulary Pharmacist.
Karen Robinson (KR), APC Interface and Formulary Pharmacy Technician.

1. Welcome and apologies

Apologies received from
Dr David Wicks (DW), GP and LMC representative, Nottingham & Nottinghamshire ICB.
Dr Khalid Butt (KB), GP and LMC representative, Nottingham & Nottinghamshire ICB.
Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB.

2. Declarations of interest

APC members and the APC support team made no declarations of interest.

3. Minutes of the last meeting

The minutes from the previous meeting were reviewed and accepted as an accurate record. Meeting etiquette for typographical and grammar amendments was discussed, LC explained the difficulty in recording these during the meeting and asked for future inaccuracies to be emailed or added clearly in the meeting chat for the presenter to correct.

4. Matters arising and action log

- **Thealoz Duo® for severe dry eye syndrome**

Thealoz Duo® for severe dry eye syndrome was rejected by the APC at the previous meeting. The submitters have expressed disappointment with the decision. Discussions were ongoing and a response from clinicians regarding its potential place in therapy is awaited.

ACTION: SW is continuing to work with the submitters and will provide an update at the August APC.

- **NICE TA875 – Semaglutide**

LK informed members that semaglutide (Wegovy®) remained unavailable in the UK. Although a launch was previously expected to be in early 2024, surveillance now suggested the product may become available in September. It was agreed that the current GREY classification should remain, and it will be discussed further at the next meeting in August. There is currently a statement on the formulary outlining the position.

ACTION: LK to bring to the August APC meeting.

- **Warfarin Monitoring**

Following discussions at the previous meeting, LK fed back that no further advice had been received from haematology.

There are no formal monitoring requirements for warfarin other than INR, therefore it was felt to be unnecessary to offer prescriptive advice. It was mentioned that many patients may have routine blood tests performed as part of other checks eg the NHS Health Check.

Action Log

ePACT data for Rybelsus was in line with the prediction from the submission and members were satisfied that monitoring of prescribing levels was no longer required.

ACTION: SW to remove from the action log.

5. New applications

- **Tirbanibulin**

SW had presented a submission at the previous meeting for tirbanibulin (Klisyri® ▼) 1% topical ointment for focal or field treatment of Actinic Keratosis (AK) in adults. An Amber 3 traffic light classification had been requested and it was recognised that a guideline would be required to support an AMBER 3 decision. Previously, APC members were unable to make a classification decision due to the absence of predicted patient numbers. SW had since worked with the consultant dermatologist, Dr. Sowjanya Ayyalaraju, to estimate predicted patient numbers and potential cost impact. Based on these estimates, it was not expected that the introduction of this product would exceed the APC's financial threshold for approval.

It was requested by members present that its restriction to Grade 1AKs that are < 25cm^2 be made clear. SW will work with the submitter and the specialist dermatology pharmacist at NUH to produce a guideline. It was suggested that the format of the Primary care Dermatology Society guideline could be adopted as this is felt to be more user-friendly than the current APC guidance for AK.

It was requested that an Optimise Rx message be created that could highlight repeat prescribing and decrease re-use in the same area. Tirbanibulin will be added to the Action log for ePACT data to be monitored in 6 months' time.

APC members agreed with an AMBER 3 classification.

ACTION: SW to work with Dr. Sowjanya Ayyalaraju and the NUH specialist dermatology pharmacist to update the guideline. Once ratified, SW to update the formulary.
SW to add to the action log and request Optimise Rx message.

- **Pancrease™ HL for Exocrine Enzyme Deficiency**

SW presented a formulary submission for Pancrease™ HL. The NUH hepato-pancreato-biliary (HPB) surgical consultant had submitted an Amber 2 classification request for the indication of pancreatic exocrine insufficiency. as a third-line choice if Creon® and Nutrizym® are not an option (e.g., allergic reaction/intolerance). Expected patient numbers were low. These products should be prescribed by the brand name.

APC members agreed on an AMBER 2 classification for use when Creon® and Nutrizym® were unsuitable.

ACTION: SW to update the formulary and provide feedback to the submitter.

6. Formulary amendments

LK presented the formulary amendments below:

FOR INFORMATION – Log of minor amendments carried out: -

No traffic light classification change

- Betnesol 500 microgram soluble tablets – The branded product has been discontinued; a generic is available.
- Gabapentin - Formulary updated to reflect previously agreed use in line with the restless legs guideline (classified Amber 3).
- Rotigotine - Formulary updated to reflect previously agreed use in line with the restless legs guideline (classified Amber 3).
- Paliperidone (Xeplion®, Paliperidone TEVA, Trevicta®,Byannli®) - A branded generic of the monthly paliperidone depot injection has been approved for use in NottsHC (classified Red).
- Montelukast (Singulair) – A reminder of the risk of neuropsychiatric reactions has been added to the formulary.
- Lanthanum, Fosrenol® - Removal of the brand name as a generic product is now available. The Shared Care Protocol has also been updated.
- Zoledronic acid 5mg - The 4mg infusion may be considered as an alternative to zolendronic acid 5mg for off-label use if the 5mg is unavailable.
- Daktacort ointment – The product has been discontinued; the cream is still available.
- Nitrofurantoin – There is no longer a price difference between 50mg caps and tabs - the direction to prescribe tablets in Primary care has been removed.
- Dithranol- Dithrocream® has been discontinued and dithranol is now only available as a special-order product. The local Psoriasis guideline is currently being updated.

GREY

- Pediacel vaccine suspension for injection 0.5ml vials- discontinued.
- Adrenaline Emerade® 150microgram (1 in 1000) auto-injector – discontinued.
- COVID-19 30 micrograms/dose concentrate (Purple top). Suitable for 12-17-year-olds and adult – now obsolete from the vaccination programme.
- COVID-19 - Original/Omicron Ba.1 15/15micrograms (Grey top) - now obsolete from the vaccination programme.
- Saliva Orthana® refill - not cost-effective due to the short expiry after opening.

GREEN

- Relvar - 184/22 strength added for use in asthma (as previously agreed).
- COVID-19 vaccine Sanofi Pasteur COVID 19 vaccine VidPrevtyn Beta® - added available as per JVCI.

RED

- Nicotine products for smoking cessation – The classification change reflects the new Smoking Cessation Position Statement.
- Salbutamol and ipratropium nebulisers (for children)– Only specialists in asthma should initiate and clinically manage the use of nebulisers and associated nebulised medicines at home for acute treatment of asthma in children and adolescents, in line with MHRA guidance.

FOR DECISION – Suggested amendments:

No traffic light classification change

- SLO® milkshakes - SLO milkshakes have doubled in price and have been removed from the Drug Tariff, meaning they are no longer an ACBS-approved item. They are currently on the formulary as AMBER 2, to be initiated by a dietitian only. The Medicine Optimisation dietitian has requested that no immediate change is made as the company is possibly re-applying for ACBS criteria; locally there have been limited prescribing levels but there is no direct alternative as a replacement product. The Medicine Optimisation dietitian will continue to monitor the situation.
- Vaginal lubricants for post-feminising surgery for transgender patients - Vaginal moisturisers are classified as GREY and included in the Notts APC Medicines and Appliances of Limited Clinical Value list. Post vaginoplasty, vaginal lubricants are required to allow effective vaginal dilation. Lubricating jelly is initially used (currently classified green, but with no indication stated), but as frequency decreases the specialist centre recommends switching to a vaginal moisturiser (stated to be more cost-effective). Long-term lubrication is required for this cohort as the vaginal wall is not self-lubricating. NHS England guidance does not mention these products. PrescQIPP recommends over-the-counter (OTC) use of these products for vaginal dryness in its menopause briefing. Cost-impact and patient numbers are expected to be low, but members were asked to consider equity if the vaginal lubricant was available via NHS prescription to one group of people and not to the other. HG suggested asking the NHCT Centre for Transgender Services in case there is National guidance, and it was also highlighted that the ICB Equity Impact Assessment team (EQIA) may have a framework to help in decision-making.

  Healthwatch was also mentioned as a possible resource.

  ACTION: LK to contact the NHCT Centre for Transgender Services and the ICB EQIA team. This item will be brought back to the August APC for consideration.

- Camouflagers (as listed in Chapter 13 of the formulary) - currently only the British Red Cross are listed as a normal service provider. Changing Faces is listed by the

British Association of Dermatologists (BAD) as a provider. The formulary entry to be amended to include this additional provider.

AMBER 2

- Prontoderm® foam - Community IPC teams have been requesting Prontoderm® foam for individuals to decolonise skin if they are having difficulties with the Octenisan® body wash. The foam does not need to be washed off and is cheaper than the wash mitts from Octenisan®. Microbiology opinion was supportive of Prontoderm® foam use on IPC advice, but not for adding to the MRSA guideline at present.
- Lurasidone – A traffic light request to change lurasidone from RED to AMBER 2 had been made by Matthew Roberts, Lead Pharmacist, Early Intervention in Psychosis Team, NHCT. As it is a RED medicine, patients are required to remain under Secondary mental health services even when they have no other requirement for the service. Switching to an AMBER 2 classification would bring lurasidone in line with all the other available second-generation antipsychotics. Lurasidone is generally considered to be one of the better-tolerated second-generation antipsychotics and has the same monitoring requirements as the other AMBER 2 antipsychotics.
  APC members agreed with the traffic light reclassification, but highlighted that there are existing searches used in Primary care to highlight patients on antipsychotics, which may need amending. This will be fed back to the SystmOne formulary team for the information to be added to SystmOne; it will also be publicised in the next APC Bulletin.

  APC agreed to reclassify from RED to AMBER 2.

  ACTION: LK to notify the submitter and amend the formulary.

GREEN

- Budesonide Easyhaler., (200, 400 DPI inhalers) - Budesonide Easyhaler 100 had recently been agreed for use during the development of a treatment algorithm for asthma in children and young people. The request was to have this inhaler available for general use as an alternative to Pulmicort turbohaler/ beclometasone inhalers. DS explained that the changing of inhalers created some issues in Secondary care because, as there have recently been so many new inhalers it was becoming confusing. It was suggested that there could potentially be some rationalisation of devices eg turbohalers and this will be fed back to the Primary care respiratory group. DS asked for clarity that there was Secondary care representation on the respiratory group. It was confirmed that the ICS Respiratory/Greener Inhalers group who had recently reviewed the asthma guidelines included both SFH and NUH reps.

  Claire McCooey, observing, commented that the community pharmacists had fed back that they now had obsolete inhalers in stock so work on communications was ongoing.
- Acetylcysteine (mucolytic) - Acetylcysteine was previously available on the formulary as a second-line mucolytic, but was removed in May 2017 following a significant price increase and a perceived lack of need for a second-line mucolytic by specialists. Acetylcysteine 600mg effervescent tablets are now less expensive than

carbocisteine so offer potential cost savings, particularly when used rather than carbocisteine liquid formulations. Once- daily dosing may also be advantageous for some people. PrescQIPP/ NICE recommend either carbocisteine or acetylcysteine. Acetylcysteine 600mg effervescent tablets will be added to the formulary with a green classification alongside carbocisteine. (**NB** capsules are to remain non-formulary due to expense). It will also be removed from the Medicines and Appliances of Limited Clinical Value document. The Medicines Optimisation respiratory group will also be informed, for it to be considered for inclusion in the COPD guideline at the next review (April 24).

- Soprobec® 50,100, 200, 250 micrograms, beclometasone dipropionate pMDI. Soprobec is already listed on the joint formulary as GREEN as an option when Clenil is unavailable. This offers a more cost-effective choice, compared to Clenil across all strengths and the Medicines Optimisation respiratory group had requested it as the first-line beclomethasone MDI choice, with Beclu and Clenil remaining as supply alternatives. It was noted that the Secondary care position was to be confirmed.

ACTION: KR/LK to update the formulary.

7. Horizon Scanning

- **New Horizon Scanning publications for review: -**

GREY no formal assessment

- Riluzole, Emylif® 50 mg orodispersible film - The tablets are listed on the Joint Formulary as Amber 1 with a SCP and information sheet. Tablets can be dispersed in water. Suspension classified as GREY.
- Vecit 6 mg/0.4 mg Modified-release® Tablets, tamsulosin hydrochloride, solifenacin succinate - An identical product Vesomni® was reviewed and rejected in 2014 as not thought to offer significant benefits for the health community. A price is not available currently; this item will be added to the action log for assessment once a price becomes available.
- Roclanda 50 micrograms/ml + 200 micrograms/ml eye drops, solution ® ▼ latanoprost, netarsudil mesylatete.
- Fludrocortisone acetate 0.1 mg/mL Oral Solution – A price is not available currently; this item will be added to the action log for assessment once a price becomes available.

GREEN

- COVID-19 vaccine Comirnaty 3 micrograms/dose concentrate for dispersion for injection COVID-19 mRNA Vaccine (nucleoside modified) for reconstitution – add to the COVID-19 section of the formulary.

AMBER 3

- Sitagliptin 100mg/5ml oral solution – current advice is that the tablets can be dissolved easily in water (unlicensed). The oral solution will be added as an option for those with swallowing difficulties.

No traffic light classification

- Bidecfo® inhaler. beclometasone dipropionate, formoterol fumarate dihydrate, 100/6, 200/6 – A price was not yet available; the product name will be added as a keyword. This item will be added to the action log for assessment once a price becomes available.

ACTION: KR is to update the formulary and action log with the agreed changes.

- **New NICE guidelines**

The following NICE guidelines were noted by members

- Acne vulgaris: management NG 198
- Cardiovascular disease: risk assessment and reduction, including lipid modification – updated guidance (CG181)

8. Continence Formulary

Jill Theobald attended the meeting to present the updated continence formulary. Jill had met with one of the ICB Medicines Optimisation pharmacists and Primary care providers (CityCare and NHCT) to harmonise the products used. Some work was ongoing to incorporate Secondary care usage, but different procurement arrangements resulted in this being challenging.

The sections reviewed were:
-Updated formulary sections for intermittent catheters,
• More cost-effective options added to first-line choices.
• Addition of second-line choices to help with shortages and limit prescribing to quality cost-effective options for occasions where first -line options are not suitable.
-Addition of formulary sections for:
• Catheterisation gels
New to continence formulary, but Hydro-Caine and Instillagel already on the main joint formulary.
Addition of Optilube Active (same active ingredients as Hydro-Caine and Instillagel) – it is classed as a medical device so it can be dispensed by DACs (dispensing appliance contractors) – Instillagel is licensed so it cannot be dispensed by DACs.
Addition of Optilube Active CHG Free (for sensitivity to chlorhexidine) and Optilube Sterile, which has no active ingredient (for sensitivity to lidocaine and/or CHG). No increase in use is expected, but Optilube is slightly more cost-effective so there may be a small decrease in cost.
• Faecal collectors – only one suitable product in the Drug Tariff (Hollister brand). Already being prescribed (no increase in prescribing expected).
• Anal plugs. The prescribing advisors requested that the three available in the Drug Tariff were added to the formulary because each had unique properties, but with a first-line product based on cost-effectiveness.

APC members approved the Nottingham and Nottinghamshire Continence Appliance Formulary.

ACTION: JT to update the formulary with the following changes

- **First line products to be added to the formulary as GREEN after completion of a continence assessment.**
- **Second line products to be added to the formulary as AMBER 2, following recommendation by a continence advisor and for existing patients.**
- **Non-formulary products will not be made GREY or listed on the formulary, but a note will be added to say that "non-formulary continence products may be used in exceptional circumstances where none of the formulary options are suitable. Non-formulary continence products must be recommended and fitted by a continence advisor and the reason documented in the patient's medical record.''**

9. Any Other Business

Shared Care: LC had approached the ICB finance team to discuss additional funding for additional services that may be required when prescribing under Shared Care agreements. They had indicated that the only procedure for doing this would be via a business case. Without this, it was felt that progress cannot be made in moving medicines to Shared Care and, for example, guanfacine will remain as RED.

Some initial work had begun in looking at developing a centralised service for some of the medicines that may have traditionally been prescribed via a Shared Care route. An example given was medicines for ADHD and sleep. HG expressed concerns that this service should not be limited to mental health indications, and reassurance was offered that this would not be the case.

ACTION: LC to update the APC as further information becomes available.

COVID-19 treatments. NICE had issued guidance that recommended not using the antiviral medicines remdesivir and molnupiravir. LC had discussed this with NUH and SFH representatives as a proposal was being drafted about local use. LC will feed back on progress.

ACTION: LC to update the APC as further information becomes available.

Date of next APC Formulary meeting - Thursday 17th August 2023 (2pm – 5pm, MS Teams)

Date of next APC Guideline meeting – Thursday 20th July 2023 (2pm – 5pm, MS Teams)

The meeting closed at 16:15.