Nottinghamshire Area Prescribing Committee Formulary Meeting Minutes Thursday 24th April 2025: 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**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
Ann Whitfield (AW)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
David Kellock (DK)	**Consultant in Sexual Health and SFHT DTC Chair**	**Sherwood Forest Hospitals NHS Foundation Trust**
Katie Sanderson (KS)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
Khalid Butt (KB)	**GP**	**LMC Representative, Nottinghamshire.**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
David Wicks (DW)	**GP**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Deborah Storer (DS)	**Medicines Information Manager and D&T Pharmacist**	**Nottingham University Hospitals NHS Trust**
Steve Haigh (SH)	**Medicines Information and Formulary Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Zen Dong Li (ZDL)	**Interim principal pharmacist for Adult Mental Health community teams**	**Nottinghamshire Healthcare NHS Trust**
Fatima Malik (FM)	**Practice-based pharmacist**	**Nottinghamshire locality**
Georgina Dyson (GD)	**Advanced Nurse Practitioner**	**Nottingham CityCare Partnership**
Jacqui Burke (JB)	**Advanced Nurse Practitioner**	**Willowbrook Medical Practice**

In Attendance:
Jill Langridge, GP, Village Health Group, in attendance for agenda item 6a.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH.
Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.

1. Welcome, introductions and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest.

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

3. 10 minute learning session – Placebo response.

SH presented a short learning session on The Placebo Effect. The slides will be kept for future training purposes.

4. Minutes of the last meeting.

The minutes of the previous meeting were accepted as an accurate record.

5. Matters arsing and action log.

Cytisine for smoking cessation.
LK updated APC members on the provision of cytisine. An NHS E-funded pilot was underway through the acute trusts. NUH is supplying the whole course; Thriving Nottingham, the Nottingham City Council commissioned service provider, did not yet have prescribers in place to be able to supply this to patients. A Better Life (ABL), the Nottingham County Council commissioned provider, will be subcontracting a third party to prescribe and supply varenicline for SFHT patients, with an expectation that this will be extended to cytisine. ABL will be offering smoking cessation support to these SFHT patients. It was queried by members present whether this support was restricted to SFHT patients.

ACTION: DS will contact Jill Theobald (Senior Medicine Optimisation Pharmacist, Nottingham and Nottinghamshire ICB) to discuss the potential disparity in service provision. DS to update the committee at the next meeting.

NICE TA875 – Semaglutide for managing overweight and obesity.
The Joint Formulary entry for semaglutide had been updated as, although there was currently no locally commissioned Specialist Weight Management service, patients could access a service through Right to Choose and there was therefore compliance with TA875.

Calcifediol for vitamin D replacement
Members were urged to respond to the ratification email.

ACTION: APC committee members who had yet to respond were urged to do so to obtain a quorum by 25th April.

Heylo submission.
The APC committee had requested a copy of the audit criteria at the previous meeting. This is still in progress, and it was noted that the Joint Formulary will be made clear that Heylo is approved only as part of a pilot scheme.

ACTION: LB will be informed of the outstanding Joint Formulary action and asked to return the audit criteria to the next APC meeting for discussion.

Antipsychotics for depression.
The updated guideline will be brought to the May APC guideline meeting.

ACTION: A NHCT APC member to present the updated guideline at the next APC meeting.

Amantadine and modafinil guideline for fatigue in Multiple Sclerosis.
The guideline was currently undergoing accessibility checks; it will be uploaded to the APC website once the necessary checks have been completed.

ACTION: A member of the APC Team to upload the guidelines to the APC website.

All other items had been actioned or were on the agenda for further discussion.

Action log:

The action log was discussed, and members agreed to remove the following items:

- Ferric maltol was reclassified as AMBER 3 in November 2023 and ePACT monitoring is being undertaken by the MO finance team. Prescribing had increased as predicted, but it was not felt that there was any action to be taken by the APC.
- Prescribing of RED medications in Primary Care by specialists. The RED medication wording will be updated in conjunction with the APC Framework, to be presented together at a future APC meeting.
- NICE TA875 – Semaglutide for managing overweight and obesity. The Joint Formulary entry for semaglutide had been updated as although there was currently no locally commissioned Specialist Weight Management service locally, patients could access a service through Right to Choose so there was compliance with TA875.
- SLO milkshakes- These had increased in price since being removed from the drug tariff in June 23. The MO dietician had previously indicated that there was no alternative. Current levels of prescribing will be checked. If not concerning to be removed from action log.

  ACTION: LK to remove these items from the action log.

- Micronised vaginal progesterone for threatened miscarriage. A submission was agreed clinically by APC in December 2023 but had been escalated for executive approval due to the potential financial implications. It was noted that prescribing data shows much lower volumes of prescribing than predicted in the submission.

  ACTION: LK and DS to investigate the reasons for the differences from the expected level of prescribing.

6. New Applications

(a) Aspirin for Lynch Syndrome.

LK explained that individuals with Lynch syndrome have an increased lifetime risk of a variety of cancers, most commonly colorectal cancer or endometrial cancer, as well as ovarian, pancreaticobiliary, gastric, small intestinal, brain, urinary tract, skin and other cancers. National

guidance recommends that daily aspirin should be considered for individuals diagnosed with Lynch syndrome to reduce the risk of colorectal cancer. This is based on results of the CAPP2 study which show a significant risk reduction in the development of colorectal cancer.

The dose used in the CAPP2 study was higher than current dosage recommendations of 150mg once daily if under 70kg and 300mg for those weighing over 70kg. Clarification of the most appropriate dose is expected once the CAPP3 trial is published. Any local recommendations will be reviewed as appropriate once the results from this trial are available. Guidance recommends that aspirin chemoprevention is considered from the age of 18 until 60. Due to the likelihood of increased side effects, patients over 60 years of age would require a review with the prescriber. Beyond the age of 70, prescribing is not advised.

Dr Jill Langridge was in attendance to discuss the expectations of GPs in prescribing and reviewing aspirin. It was suggested that a treatment review could take place as part of a routine annual medication review. Any patients purchasing aspirin OTC should be advised to inform their GP so that it can be added to their medication record. Awareness of Lynch syndrome amongst Primary Care prescribers may be variable so supporting information would be required; a standard letter and patient information leaflet are in development.

The APC were supportive of this use of aspirin being assigned a GREEN classification, subject to the suggested communications being approved.

Clinicians present asked if there were any additional considerations regarding use of aspirin in those with chronic kidney disease (CKD). LK will explore this area in more detail and report her findings back to the committee.

ACTION: LK to work with Jill Langridge to produce supporting communications and present these for approval at a future APC meeting.

(b) Doxylamine/pyridoxine (Xonvea) for nausea and vomiting of pregnancy (NVP)

The APC had previously reviewed the use of doxylamine/ pyridoxine and rejected it on cost-effectiveness grounds. Since this decision, the NICE guideline for Antenatal care had been updated to include doxylamine/pyridoxine in its table of pharmacological treatments for NVP and The Royal College of Obstetricians and Gynaecologists' (RCOG) guideline had also been updated to include doxylamine/pyridoxine as a first-line antiemetic option alongside cyclizine, prochlorperazine, promethazine and chlorpromazine. There was no additional published trial evidence that supported the efficacy of doxylamine/ pyridoxine and it was more expensive than alternative options.

LK explained that the submission had been received from SFHT and this requested that Xonvea® be made available as an option, if promethazine, cyclizine and prochlorperazine were not effective or not tolerated and before considering medications with potential for extrapyramidal side effects (e.g. metoclopramide) or ondansetron, which has an MHRA warning about a potential association with oral clefts. Xonvea®, despite having poor evidence, is the only licensed product available for NVP. Xonvea® is taken every day (as opposed to on an as-needed basis), and the dose is titrated according to symptom control. As an AMBER 3 request, it would be incorporated into the NVP guideline.

Concerns were raised by clinician members, including how patients would know to cease treatment, due to this being taken regularly. As the potential cost implications of introducing Xonvea® would possibly exceed the APC's delegated authority threshold, approval would also need to be obtained from the Executive and Finance teams.

Although NUH opinion and potential patient numbers had been sought, further clarity was required and the APC were unable to make a decision. LK will collate the questions raised and discuss these with submitter and NUH team.

ACTION: LK to return the submission to the APC meeting in June.

7. Formulary Amendments

a) For Information – Log of minor amendments already carried out:

RED

- Tirzepatide (Mounjaro) – for weight loss within specialist Weight Management Services (SWMS), in line with NICE TA.
- Semaglutide (Wegovy) - for weight loss within specialist Weight Management Services (SWMS), in line with NICE TA.

Other

- Focusim XL - (methylphenidate MR 10mg, 20mg, 30mg, 40mg) hard capsules. This brand has been added to the methylphenidate entry as an additional brand available. Once shortages are resolved, advice to prescribe cost-effective brands will be resumed.
- Betmiga (mirabegron) – brand name has changed to Mirabegron Astellas.
- Prednisolone soluble tablets – information added to the Joint Formulary to advise prescribing on FP10s as sugar-free, in line with the preparation listed in part VIII of the drug tariff.
- Triamcinolone injection – Medicines Safety Network (MSN) published 7/4/25 detailed discontinuation. Stock exhaustion is expected by June 2025, after which NUH are considering use of an unlicensed preparation.

b) For Decision

AMBER 2

- Liraglutide generics for Type 2 diabetes - Liraglutide to be reclassified as AMBER 2, with Zegluxen and Diavic being the locally preferred products. Liraglutide Biocon is less

  preferable due to the potential for confusion with products licensed for obesity. Zegluxen has a patient support website and a training video for Diavic is in development, which will be linked to the formulary entries.
- Icosapent Ethyl capsules – currently AMBER 2; additional clarity of specialist recommendation will be added to the Joint Formulary entry.

ACTION: LK/KR to update the agreed Joint Formulary entries.

8. Horizon Scanning

a) New horizon scanning publications for review:

GREY

- Ramipril suspension 5mg/5ml and 10mg/5ml- already have 2.5mg/5ml strength available if the opening of capsules is not acceptable. Rationalising liquid strengths available reduces potential for error.
- Sitagliptin 50 mg/2ml oral solution- already have 100mg/5ml strength available. Rationalising liquid strengths available reduces potential for error and 50mg/2ml requires refrigerated storage.

GREY no formal assessment

- Seladelpar (Livdelzi) 10 mg capsules.
- Sparsentan (Filspari) 200 mg and 400mg film-coated tablets.
- Chikungunya vaccine.

GREEN

- Vivotif, gastro-resistant capsules. Salmonella typhi strain ty 21a – clarity on available vaccines will be added to the Typhoid vaccine Formulary entry as per the Green Book entry.

Other

- Trokide Vertical-Haler (18 microgram tiotropium) – added as a keyword and highlighted to the respiratory group for consideration as a cost-effective choice of inhaler.

ACTION: KR to update the agreed Joint Formulary entries.

b) New NICE guidelines

None were presented.

9. <u>Updated submission form - Updated to include sustainability considerations.</u>

LK presented the updated formulary submission form, which had been updated following a request to incorporate sustainability considerations. The form had also been re-formatted and a section on governance and implementation considerations had also been added, following feedback from NUH.

ACTION: NHCT to confirm their approval once the form has been reviewed by their Drugs and Therapeutics Committee (DTC). LK to finalise and upload the document to the APC website.

10. <u>NICE TA1026 – Tirzepatide for overweight and obesity – update on implementation.</u>

LC explained that tirzepatide prescribing was increasing significantly since its introduction for type 2 diabetes, and the ICB were investigating any excessive volumes. A task and finish group had been established to coordinate the implementation of the Nice TA and associated NHS England commissioning guidance for weight management. Clinicians explained that they continued to be inundated by requests from patients and would welcome supportive communications. The APC

team explained that TeamNet contained resources for practices to use, which would help to advise patients.

ACTION: LC will update the APC as more information becomes available.

11. <u>Any Other Business</u>

No other business was discussed.

<u>Future Meeting Dates.</u>

- APC Guideline meeting: Thursday 15th May 2025 (2pm to 5pm, Microsoft Teams)
- APC Formulary meeting: Thursday 19th June 2025 (2pm to 5pm, Microsoft Teams)

The meeting closed at 16:15.