Nottinghamshire Area Prescribing Committee Formulary Meeting Minutes Thursday 12th December 2024: 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**
Ann Whitfield (AW)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
Katie Sanderson (KS)	**Patient Representative**	**Nottingham & Nottinghamshire ICB local population**
Jennifer Moss Langfield (JML)	**GP**	**City PBP, Nottingham & Nottinghamshire ICB**
Khalid Butt (KB)	**GP**	**LMC Representative**
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**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Steve Haigh (SH)	**Medicines Information and Formulary Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Hannah Sisson (HS)	**Principal Pharmacist, Adult Mental Health Community Teams**	**Nottinghamshire Healthcare NHS Trust**
Fatima Malik (FM)	**Practice-based pharmacist**	**Nottinghamshire locality**
Shelly Herbert (SHe)	**Practice Nurse**	**Musters Medical Practice**
Jacqui Burke (JB)	**Advanced Nurse Practitioner**	**Willowbrook Medical Practice**

Observing:
Saara Shahzad, Niamh Ferreira de Mello e Mello, Hou Hei Chung, trainee pharmacists, Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).
Aliya Ahmed, University of Nottingham medical student.

In Attendance:
Gillian Sare, Consultant Neurologist, NUH, in attendance for agenda item 5c.
Dr Rana Mohamed, Consultant Paediatric Neurologist, NUH, in attendance for agenda item 6b.
Andrew Bird, Clinical Manager for Connect Prescription Services (NAMS), and Sarah McNamee, Stoma Nurse Specialist, NUH, in attendance for agenda item 6c.

NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFHFT.
Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.
Lidia Borak (LB), Specialist Interface Medicines Optimisation Pharmacist.

1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

2. Declarations of interest

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

3. 10-minute learning session.

SH presented a short learning session on Clinical Trial Interpretation - Hierarchy of evidence and sub-group analysis. The recording and 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 arising and action log.

5(a) NICE TA875 – Semaglutide and draft TA for Tirzepatide.

LK provided a brief update, explaining that the funding variation proposed by NHSE had been rejected by NICE. Therefore, the expectation, once the TA has been published, is that tirzepatide should be made available to prescribe by Specialist weight management services within 90 days and by Primary Care services within 180 days. Commissioning guidance will be issued by NHSE regarding eligible cohorts. Discussions are ongoing locally about the commissioning of services and implementation of the TA.

ACTION: LK will keep the APC appraised of any further developments.

5(b) Cytisine for smoking cessation.

The NHS England - funded pilot project in Secondary Care is still under development; the APC will be updated on developments.

ACTION: The Secondary Care representatives will update the APC as more information becomes available.

5(c) Antipsychotics for Chorea in Huntington's Disease.

Dr Gillian Sare, Consultant Neurologist, NUH attended the APC meeting to address the concerns of the Primary Care prescribers raised at the October APC meeting. Dr Sare explained that she was unable to offer individualised care plans for patients, but she would be able to provide supporting information.

In order to address the responsibilities for monitoring related to antipsychotics, it was agreed that the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms would be used as a documenting tool; Dr Sare will complete the ReSPECT forms, following discussions with the patients.

The formulary will be updated with this information as well as links to National guidance. Individual clinicians are encouraged to contact Dr Sare if they have questions about individual patients.

It was highlighted that in the Mid Notts locality, specialist nurse support is via the Community Matrons, rather than designated Specialist nurses.

ACTION: APC members agreed that Re SPECT forms were to be used to document discussions about monitoring requirements. LK to coordinate dissemination of this information to Community Matrons.

Action log:

The action log was noted by members.

6. New applications

a) Calcifediol (Domnisol) for vitamin D replacement.

LB presented the formulary submission for calcifediol (Domnisol®) for vitamin D replacement. The formulary submission had been received from Dr Hrushikesh Divyateja, Consultant in Metabolic Medicine and Chemical Pathology at NUH. Calcifediol had been requested as a treatment option for patients with obesity, liver disease, malabsorption or those who require a rapid increase in serum vitamin D level (ie prior to initiation of osteoporosis treatment) and who did not respond to standard vitamin D preparation (ie oral cholecalciferol).

APC Clinicians expressed safety concerns due to the similarity of the medication names, calcifediol and colecalciferol. APC members struggled to identify calcifediol's place in therapy for the wide range of conditions listed but agreed to some extent that there might be a place for it in therapy for the treatment of liver disease patients who were not able to absorb colecalciferol; however, it was felt that further information and a prescribing criterion were required before making a formal decision.
ACTION: LB to contact the submitter for the additional information requested by the APC members and return the application to the February APC meeting for further discussion.

b) Deflazocort for Ducheme Muscular Dystrophy.

LK presented the formulary submission for deflazocort for Ducheme Muscular Dystrophy (DMD). The formulary submission was received from Dr Rana Mohamed, a consultant paediatric neurologist at NUH. It was proposed that deflazocort's place in therapy would be as one of the first-line treatment options for DMD; parents would be offered an informed choice between deflazacort and prednisolone. A previous submission for this indication was discussed via the APC in January 2020. At that time use of deflazacort was not accepted as it was not felt to be cost-effective.

Since this decision, a further clinical trial has been published. This trial had found similar efficacy between prednisolone and deflazacort, but with reduced weight gain, in keeping with previous evidence from randomised controlled trials. It was noted that observational studies had suggested improved efficacy in some measures of ambulation when compared to prednisolone, but due to the limitations of these studies it is difficult to draw definitive conclusions. Although the APC felt that there may be a place for deflazocort, for example, in those not tolerating prednisolone, there was not felt to be a sufficient evidence base demonstrating benefits to offer it as a first-line option.

Dr Rana Mohamed attended the meeting to discuss the submission; she explained that the intention of the service was to follow National guidance regarding treatment options and she was liaising closely with Great Ormond Street Hospital. It was suggested that this item be brought to future APC meeting when more clarity was available.

It was highlighted that a positive NICE TA was expected in January for vamorolone which would add an additional treatment option. It was requested that this be considered alongside any decision on deflazacort.

ACTION: LK to liaise with Dr Rana Mohamed and return the submission to a future APC meeting for a decision.

c) Stoma leakage notification system Heylo®.

LB presented the formulary submission for the stoma leakage notification system Heylo®. The formulary submission had been received from Andrew Bird, Stoma Care Nurse Specialist at NUH. Heylo® is intended to help alleviate the physical and mental burden of leakage in patients living with a stoma and has the potential of reducing leakage anxiety and psychological distress, therefore improving the patient's quality of life, reducing unnecessary/premature stoma bag changes, lowering costs associated with stoma care, and reducing potential peristomal skin complications. The savings predicted in the submission had been calculated based on a reduction in the number of bag changes.
Andrew Bird and Sarah McNamee attended the meeting and explained that Heylo® is a niche product and would be used with a few suitable patients only. Patients are offered an assessment for product suitability and if they are deemed suitable a free starter kit can be provided and patients given a two-week trial. Further assessments are completed after two months and twelve months; at any point patients can stop using the product and a deprescribing plan is discussed at the outset of treatment. The assessment tool has been

trialled and is fit for leakage; it is designed for those patients who are afraid of leakages and therefore make an excessive number of bag changes.

Subject to their seeing the deprescribing criteria, APC members approved Heylo® with a RED classification for NAMS use only, as part of an initial 6- month pilot. The stoma team will need to complete a 6-month audit, which will be presented to APC.

ACTION: LB will obtain a copy of the deprescribing criteria and email it to APC members for comment. Subject to its approval, LB will inform the submitters of the APC's decision and update the Joint Formulary.

7. Formulary amendments.

The formulary amendments were presented by LK.

(a) FOR INFORMATION – Log of minor amendments carried out.

GREY

- Victoza (liraglutide), following long-term out-of-stock issues, the product is being discontinued.
- Bastos Viegas (absorbent dressing pad) is no longer available.
- Trimetazidine added as GREY (no formal assessment).
- Methotrexate 10mg tablets- Joint Formulary entries for oral methotrexate have been annotated to highlight that this preparation is GREY due to safety concerns.

AMBER 2

- Daktacort ointment and cream have been discontinued except for the 15mg OTC pack which should be prescribed only on the recommendation of a sexual health clinic.
- Budesonide suppositories offer a cost-effective alternative to prednisolone suppositories.
- Thiamine 50 mg/ml solution for intramuscular injection added to the alcohol dependence guideline as an alternative to Pabrinex following its discontinuation. Intravenous use is classified RED.

Other

- Sodium valproate: Information added to the Joint Formulary to reflect the MHRA alerts: two Specialists must agree that valproate can be initiated (applies to all genders). Links to the annual risk acknowledgement forms have also been added.
- Paracetamol soluble: effervescent tablets are now more cost-effective than soluble versions.
- IUDs Mirena and Levosert: the Joint Formulary has been updated to reflect the changes in license durations.
- Fludroxycortide (cream and tape): potency changed from "moderately potent" to "potent" in line with the updated SPC and BNF entry.

- Benzoyl peroxide/ adapalene was previously only available as Epiduo, but a generic version of the lower strength is now available. The formulary entry has been updated to promote generic prescribing.

(b) FOR DECISION – Suggested amendments

RED

- Sodium fusidate tablets and oral suspension have been discontinued and will only be available as unlicensed imports. Antimicrobial pharmacists at NUH and SFH support a RED classification.

AMBER 2

- Sodium chloride 5mmol/ml oral solution (Sodichlor). An unlicensed product has previously been used in Secondary Care. A licensed oral solution is now available, classified as Amber 2 in line with tablets.
- Methenamine in men, trans women and non-binary people with a male genitourinary system. Evidence supports use of methenamine for women, trans men and non-binary people with a female urinary system and it may be used on an AMBER 3 basis. Due to a lack of evidence and because there are often more complicated factors in male recurrent Urinary Tract Infection (UTI), Specialist advice should be sought before its use.

Other

- Antipsychotics for first episode psychosis: a request had been received to add this indication to formulary entries for amisulpride, aripiprazole, lurasidone, olanzapine, quetiapine, risperidone. This indication is supported by NICE guidance (CG178) and current practice is for the Early Intervention in Psychosis team to stabilise patients, but queries have arisen following requests to prescribe ongoing treatment in Primary Care. APC guidance is currently being amended to contain further information about this indication.
- The Joint Formulary will be reviewed to identify male and female entries, to ensure that appropriate terminology is used.

ACTION: KR to update the agreed Joint Formulary entries.

8. Horizon Scanning

The horizon scanning was presented by LK.

- **(a) New Horizon Scanning publications for review**

Other

- Vecicom® Prolonged-release Tablets (Tapentadol 100mg, 150mg, 200mg and 250mg). Vecicom® is a new brand and will be added as a keyword but offers no financial advantage over brands currently used.

- Liraglutide biosimilars. A number of liraglutide biosimilars are expected to be launched. As these are biological medicines brand prescribing is recommended, so rationalisation of products used locally will be required. Preferential use of liraglutide (daily) over weekly GLP-1s may offer considerable savings. This will be picked up as a separate piece of work.

- Sertraline 50mg/5ml oral suspension. Now available as a licensed product, but significantly more expensive than tablets and other liquid formulations of SSRIs. A warning about the cost, and the availability of alternative options, will be added to the formulary.

- Spironolactone 50mg in 5ml and 25mg in 5ml liquids (Urospir). The formulary currently lists a 50mg/5ml unlicensed product for use in paediatrics. This product will be discussed with Specialist pharmacists regarding suitability.

ACTION: KR to update the Joint Formulary entries.

- **(b) New NICE guidelines**

NICE TA995 – Relugolix for treating hormone-sensitive prostate cancer

LK presented the Relugolix for treating hormone-sensitive prostate cancer, NICE TA995. APC members agreed with an AMBER 2 classification in line with alternative treatment options.

ACTION: LK to update the Joint Formulary.

Other NICE guidelines.

Noted by APC members, the following NICE guidelines:

- Endometriosis: diagnosis and management NICE guideline [NG73]
- Menopause: identification and management NICE guideline [NG23]
- Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) NICE guideline [NG245]

9. Novonordisk insulin discontinuations

LB explained that national guidance was imminent; once this guidance becomes available LB will update APC members.

ACTION: LB to provide an update at a future APC meeting.

10. Any Other Business

- Choice and medication website: NottsHCT subscribe to this website and the terms of use had recently been updated to restrict access to the subscribing organisation and its patients. APC guidance has previously linked to the website for patient information; this is no longer felt to be appropriate, so documents are being reviewed and alternative resources will be linked.
- Doxazosin for PTSD. This had previously been agreed for use with an Amber 2 classification, but it was requested that patients be reviewed by the Specialist prior to transfer to Primary Care. A request had been received to review this requirement. APC clinical members felt that the Specialist review was required so should continue.
    - Riluzole. Currently use of non-tablet formulations is restricted to those unable to take tablets, but tablets continue to be significantly more expensive. A national cost efficiency had been identified suggesting significant savings if riluzole was switched to liquid or orodispersible formulations. APC members felt that this should be pursued as the inflated tablet price had persisted for some time. LK to discuss with specialists.
    - AW provided information about the Nottingham Trent university biosciences research engagement sessions, LEAP (Learn, Engage and Analyse with the Public). A poster is also available and LC will circulate it to APC members.

11. Next meeting dates.

APC Formulary meeting: Thursday 27th February 2025 (2pm to 5pm, Microsoft Teams)
APC Guideline meeting: Thursday 16th January 2025 (2pm to 5pm, Microsoft Teams)

Meeting closed at: 17:00hrs.