

Minutes of the meeting held at Wynford House, Yeovil, on **Wednesday 13 March 2013**

Present	Position	Initials
Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS Foundation Trust	CB
Dr Geoff Sharp (chair)	GP, Chair of Prescribing & Medicines Management group, Somerset CCG	GS
Dr Rosie Benneyworth	GP, CCG representative	RAB
Liz Harewood	Locality Medicines Manager, Somerset CCG	LH
Steve Du Bois	Medicines Manager, Somerset CCG	
Jon Beard	Chief Pharmacist, Taunton & Somerset NHS Foundation Trust	JB
John Martin	Chief Pharmacist, Yeovil District Hospital	JM
Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset	SG
Dr Steve Edgar	Somerset LMC Representative	SE
Gordon Jackson	Patient Representative	GJ
Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
Andrew Brown	Head of Medicines Management, Somerset Partnership NHS Foundation Trust	AB
Martin Taylor	Development Pharmacist, Somerset Local Pharmaceutical Committee	MT
Jean Perry	Commissioning Manager, Somerset CCG	JP

Introduction

GS chaired the meeting

1 APOLOGIES

Apologies were received from:
Dr Iain Phillips (IP)
Stephanie Wadham (SW)
Dr Sally Knights (SK)

2 DECLARATION OF INTERESTS

RAB has been involved in the development of NICE CG for the management of urinary incontinence in females

3 MINUTES OF THE LAST MEETING HELD ON 14 SEPT 2012

The minutes were accepted as an accurate record of the meeting

Action Points: actions undertaken before the meeting are listed on January schedule. In addition:

1. **Bocepravir & Telaprivir** – Responsibility for these drugs is believed to be moving to specialist commissioning for the financial year April 13/14. Item complete

2. **VTE Pathway** – RAB reported there are some barriers to progress with the current proposed pathway which need to be addressed. A paper is to be considered by COG in May to look at options. Item closed until pathway resolved.
 3. **TOR Update** – on agenda
 4. **Neutropenic Sepsis** – discussed by CB with Simon Bolam & Bob Baker (RB) at T&S. The current policy uses dual therapy, NICE advice to use single agent also suggests noting local guidance. RB to review local epidemiologic evidence & advise, item to come back to forum in due course.
 5. **Horizon Scanning** – on agenda
- 7-12 Complete

4 **TOR**

The ToR will require updating to include the NICE GP-Guidance on local formulary development. Forum needs to avoid putting local amendments on NICE TA appraisal decisions – where NICE describes options these are meant to be patient specific not options at organization level. An appeals procedure is required for appeals against forum processes. It was agreed that appeals against forum decisions are appropriate when new evidence arises.

Applications document – see item 7.8.

It was agreed that governance should be along the lines laid down for the CCG and it is important to be aware of issues which may impact GP payment for services provided.

Horizon scanning will continue to be a function of forum – a number of national bodies produce information, it is unclear whether all will continue to receive funding. The Academic Health Science networks may be discussing similar issues and it will be important to avoid duplicating work.

In the past, the response from finance has delayed some forum decisions which may carry the risk of missing NICE TA deadlines – discussion with finance is needed whether forum should be allocated an agreed budget.

The proposed monitoring function of PBR excluded drug spend was agreed pending clarification on the drugs which would come under specialist commissioning & the availability of data on usage of drugs at local trusts. A mechanism is needed to feedback information on spend trends to trusts.

With regard the requirement to have local formularies available to the general public, both T&S & YDH will be compliant with their own formularies by Apr 1st while Somerset Partnership follows the CCG Somerset Formulary & will make that available.

5 **D&TC Decisions**

5.1 **T&S**

Azithromycin approved for preventing exacerbation in non CF bronchiectasis with cardiac monitoring before treatment & if continuous

Metolazone – approved as AMBER drug (unlicensed but useful in a small number of patients)

5.2 **YDH**

Racecadotril – approved for limited use with trust. Not to recommend for primary care prescribing

Perampanel - supported

Apixaban - supported

Alemtuzumab – approved to continue in MS patients currently being treated (license for MS withdrawn by company)

6 NICE

6.1 Summary of new guidance Jan – Feb 2013

Those with prescribing mm/elements:

January – Watch BP/Exogen – could be added as an option for prescribing incentive scheme approved list if not considered for purchase by CCG

February – TA274:Lucentis for DMO (discussed at January forum). There may be pressures on capacity at both YDH & T&S to deliver this TA

TA275:Apixaban – approved January 2013 forum. There is no consensus yet among clinicians which of the new oral anticoagulants will emerge as first line. As a patient safety issue, labels should state the purpose of the medication.

6.2 CG156 Fertility – presented for informaton

QS Asthma – will be reviewed by the respiratory network & may identify pathway issues

NICE Draft CG management of urinary incontinence in women

Evidence indicates that the immediate release formulations are more effective than slow-release versions & the commonly reported side effect of dry mouth is an indication that the medication is effective.

It was agreed to include immediate release oxybutynin, tolterodine & propiverine should be formulary first line, with MR versions second line. Solifenacin, fesoterodine & darifenacin would remain as third line drugs – to be reviewed once the final TA is issued.

7 Formulary Applications

7.1 Mirabegron

A new drug class β_3 agonist not antimuscarinic. Cost is similar to existing MR products. Approved as **green** drug when other medication is inappropriate, contra-indicated or where intolerable side effects.

7.2 Dapagliflozin

NICE preliminary appraisal recommendation – not approved. Agreed **Not recommended** in TLG.

7.3 Midodrine

ESUOM5 – evidence to support use is slight. If clinicians wish to prescribe they should apply via IFR. **RED** in TLG.

7.4 Lixisenatide

Not currently approved by NICE. Agreed to determine whether there is interest among secondary care to use and in the interim to classify as **Not recommended** in TLG.

7.5 Degludec

There are safety concerns around the availability of two strengths of this insulin (100IU & 200IU). It is significantly more expensive & lacks any safety/efficacy data long term. Agreed to classify as **Not recommended** in TLG

7.6 Ingenol

Treatment for actinic keratosis approved by SMC. It appears to have greater efficacy than existing options & the essential benefit is the short duration of treatment course.

It was agreed to add ingenol to the Somerset formulary as a GREEN drug, in line with its licensed indications.

7.7 **Magnesium Supplements**

For primary care use, it was **agreed** to add Mucogel to the Somerset formulary for magnesium supplementation (unlicensed use) as it delivers an appropriate dose of Mg²⁺ at a much lower cost than current products used. Magnesium glycerophosphate will remain on formulary where a need exists.

Guidance would be helpful on monitoring & the need or otherwise to retest Mg levels. CB to discuss with colleagues at T&S.

5.8 **Forms for Drug Application Forum**

It was agreed to not to insist on complete 'Somerset' documentation for all applications. Applications & evidence submitted to other review bodies will be accepted for review, with the proviso that the commissioner is clearly stated. For minor modifications a summary document will be an acceptable form.

8 **PBR Excluded Drug Monitoring**

Att 21 lists the current list of PBR excluded drugs. The picture is complex – some drugs/formulations of same drug are commissioned by CCG for some indications & by specialist commissioning for other indication. It is unclear how this will unfold in practice, the aim by May 2013 is to have a list of drugs where the spend at YDH & T&S is the responsibility of Somerset CCG.

9 **DH Cardiovascular Outcomes Strategy**

Presented for information. The document gathers all CV diseases together instead of by individual condition.

10 **MHRA Drug Safety**

Presented for information and noting.

10.1 **MHRA Drug Safety Update January 2013**

Information has been reviewed in trusts & passed to relevant specialties.

10.2 **MHRA Drug Safety Update February 2013**

Appearance of atypical stress fractures with denosumab indicates this may be a class effect common to all drugs modulating bone mineral density.

11 **Any other business**

No matters raised

11 **DATE OF NEXT MEETING**

Wednesday 8th May 2013 MR2 Wynford House, Yeovil at 2.30pm

10 July 2013 MR2

18 Sep 2013 MR2 NB proposed change of week

13 Nov 2013 MR2

Somerset Prescribing Forum: SCHEDULE OF ACTIONS

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
-----	---------	----------------------------	-------------

ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 13th March 2013			
1	TOR	On agenda	SG/GS/LH 08/05/13
2	Incontinence choices	Formulary update	LH 08/05/13
3	Mirabegron	Add to formulary	LH 08/05/13
4	Dapagliflozin	Not Recommended in TLG	SDB 08/05/13
5	Midodrine	RED in TLG	SDB 08/05/13
6	Lixisenatide	Not Recommended in TLG	SDB 08/05/13
7	Insulin Degludec	Not Recommended in TLG	SDB 08/05/13
8	Ingenol	Add to formulary	LH 08/05/13
9	Mucogel	Add to formulary	LH 08/05/13
10	Magnesium deficiency	Guidance for monitoring/retesting Magnesium levels	CB 08/05/2013
11	PBR Excluded Drugs	Drug list for CCG commissioning	SG 08/05/13