

Minutes of the meeting held at Wynford House, Yeovil, on **Wednesday 16 January 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 |
| Stephanie Wadham | Information Pharmacist, Yeovil District Hospital | SW |
| Liz Harewood | Locality Medicines Manager, NHS Somerset | LH |
| Dr Iain Phillips | GP, Somerset Local Medical Committee representative | IP |
| 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 |
| Jean Perry | Secondary Care Commissioning Manager, NHS Somerset | JP |
| Martin Taylor | Development Pharmacist, Somerset Local Pharmaceutical Committee | MT |
| Gaynor Woodland | Pharmacy Technician, Medicines Management, NHS Somerset | GW |

Introduction

GS chaired the meeting

1 APOLOGIES

Apologies were received from:

Dr Iain Phillips (IP)

Stephanie Wadham (SW)

Jean Perry (JP)

2 DECLARATION OF INTERESTS

No new declarations of interest were made.

3 MINUTES OF THE LAST MEETING HELD ON 14 SEPT 2012

With three amendments the minutes were agreed as a correct record of the meeting

1. IP is CCG representative not LMC as recorded
2. SW initials corrected
3. p1 Should read 'No feedback from **RUH** has been received. Following discussion with local secondary care colleagues, starting a drug holiday' ..etc.

Schedule of Actions – action undertaken before the meeting are listed on January schedule. In addition:

- 19. DVT pathway** – work ongoing. Rivaroxaban as an alternative to enoxaparin is being discussed.

27. Issue not resolved, item to stay on agenda. RB may have discussed at oncology group.
30. Information has been circulated at the acute trusts regarding the new monitoring requirements when used in oncology & osteoporosis.

4 **Terms of Reference**

Good Practice Guidance for Formularies issued by NICE provides a framework that all local formularies will have to work towards & which has considerable resource implications. This includes:

From 1/4/13 formularies will have to be publically available, as will the criteria considered & processes by which drugs are reviewed, and the decisions of any group that produces formulary recommendations.

The process used should not delay adoption of NICE approved drugs & local recommendations should not contradict NICE.

NHS Somerset MM web pages are currently only accessible through NHS Net but in the process of transferring to the CCG website. It is possible that formularies of the acute trusts could also be hosted there.

It was **agreed** that SG would write new TOR for the prescribing forum reflecting changes in the new guidance.

5 **Formulary Applications**

5.1 **Lucentis - DMO**

Present recommendation in Somerset is to fund Avastin for DMO, not Lucentis. Expected change in NICE recommendation for Lucentis (Feb/March 2013) may see costs rise by approx. 10 fold, even with a revised PAS, costing an estimated £1million extra per year.

Forum **agreed** to include Ranibizumab (Lucentis) for diabetic macular oedema on formulary as a RED drug & manage costs within current budget allowance for February & March 2013 & re-negotiate terms for 2013/14.

5.2 **Aflibercept (Eylea)**

Aflibercept has similar clinical benefit as Lucentis but is given bi-monthly & does not have the monitoring requirements. This will free up clinic time & acquisition costs are favourable.

Forum **agreed** to include Aflibercept (Eylea) for Age-related Macular Degeneration on formulary as a RED drug

5.3 **Ivacaftor**

Managing use of this drug will be the responsibility of specialist commissioning from 1/4/2013. Approved at T&S D&TC.

Forum **agreed** to include Ivacaftor for cystic fibrosis on formulary as a RED drug

5.4 **Acclidinium & Glycopyrronium bromide**

Trails have shown these antimuscarinic drugs to be as effective as tiotropium in COPD. Both provide a cost benefit over tiotropium.

Forum **agreed** to approve use on formulary of acclidinium & glycopyrronium bromide for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). Both as GREEN drugs.

5.5 **Ibandronate 50mg**

SG proposed that ibandronate should be added to current Somerset shared care for sodium clodronate. Ibandronate is used at Weston General Hospital in preference to sodium clodronate. The price of both drugs is now similar.

Forum agreed the proposal with ibandronate 50mg as an AMBER drug.

LH to amend SCG

5.6 **Apixaban**

This is the third novel oral anticoagulant recently released & is under consideration by NICE for NVAF along the lines of dabigatran & rivaroxaban. With 3 options now available a debate about order of preference is needed, along with some parameters for primary care to guide choices.

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

5.7 **Plerixafor**

Somerset has in the past reviewed this drug by IFR with no cases refused. Specialist commissioning is likely to take this on in April 2013. It was agreed to include the drug on formulary as RED (use as defined by guidelines) for any patient presenting between Jan & beginning of April 2013.

5.8 **Strontium for men**

Strontium is included in 4th line position for the treatment of osteoporosis in women.

Strontium is now licensed for use in men & it was agreed to include strontium for men in the same manner.

GREEN drug.

5.9 **Desunin**

This is a tablet formulation of Vitamin D, contains no gelatin and is crushable making it a useful alternative to the capsule formulation already on formulary.

It was agreed to add to the formulary as a GREEN drug.

RB noted there is still considerable confusion regarding the need for vitamin D testing & supplements. In the absence of a national direction, a Somerset consensus would be helpful. SG to write to practices summing up current position.

6 **NHS Commissioning Board Draft National Commissioning Policies**

The national group is reviewing approx. 130 areas rather than individual commissioning groups making individual reviews. If IFR requests are received during Feb & March, this draft guidance should be referred to.

7 **D&TC Decisions**

7.1 Taunton – primary care drugs approved:

Retapamulin – topical antibacterial. Antibacterial guidelines to be amended (LH) and item in newsletter to raise awareness

Acidinium - approved

7.2 YDH D&TC – last meeting discussed at November forum

8 **NICE**

8.1 **New guidance Nov - Dec 2012**

CG152 Crohn's Disease: Management in adults, children & young people

Presented for information.

CG151 Neutropenic Sepsis

Protocols at T&S are not quite concordant. A meeting on 30/01/2013 is taking place for their review.

7.3 NICE Bites November 2012 Crohn's Disease

Presented for information.

NICE Bites December 2012 Neutropenic Sepsis

Presented for information.

8 HORIZON SCANNING

8.1 UKMi New Product Evaluations December 2012

Updated version presented for information. SG suggested the focus should be on any drugs where Somerset may wish to commission before NICE reach a recommendation. Forum members are asked to review & seek opinion from colleagues for potential applications.

9 South West Cancer Drug Fund

This aspect of forum agenda is likely to be subsumed by specialist commissioning and will be removed as a standing item on the agenda.

10 MHRA Drug Safety

Presented for information and noting.

10.1 MHRA Drug Safety Update November 2012

10.2 MHRA Drug Safety Update December 2012

Reminder of serious skin reactions in some patients taking carbamazepine, oxcarbazepine or eslicarbazepine.

11 Any other business

11.1 Rebate Schemes

CCG have discussed the issue & decided that rebate schemes can be approved with appropriate governance. There must be a clear separation between decisions concerning inclusion of drugs on formulary and discussion regarding any rebate decisions. A register will be held by the governance committee on all rebate scheme agreements.

11 DATE OF NEXT MEETING

Wednesday **13th** March 2013 MR4 Wynford House, Yeovil at 2.30pm

13 Mar 2013 MR3

8 May 2013 MR213

10 July 2013 MR2

18 Sep 2013 MR2 NB proposed change of week

Nov 2013 MR2

Somerset Prescribing Forum: SCHEDULE OF ACTIONS

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

| ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 16 th Jan 2013 | | | |
|--|---------------------------------------|---|---|
| 6 | Boceprevir & Telaprevir (Hepatitis C) | Progress report – implementation slower than expected. Spend on the 2 drugs to be monitored at PBR meetings | JP 12/09/12 |
| 14 | Cancer Drug Reviews | Discuss with UH & RAB Cancer drug group no longer required as chemo will come under specialist commissioning & therefore no benefit to primary care to review. | SG 12/09/12 |
| 19 | VTE treatment & prophylaxis pathway | Progress report | 14/11/12 |
| 21 | TOR | Update | SG 16/01/13 |
| 27 | CG151 Neutropenic Sepsis | Outcome of discussion re recommendations for antibiotic use | CB 16/01/2013 |
| 28 | Horizon Scanning | Identify priorities of products for review by the SPF | SG, AB, KH, JB/JM On-going |
| 29 | Gliptins & acute pancreatitis. | Include in MM newsletter | SM 16/01/13 |
| 30 | Denosumab monitoring | Outcome of discussion at Taunton & Yeovil D&TCs | SW/CB 16/01/13 |
| | Changes to formulary | Complete | LH 13/3/13 |
| | Changes to TLS | | SdB 13/3/13 |
| | Ibandronate 50mg | Update SCG for sodium clodronate | LH 13/3/13 |
| | Vitamin D | Advice to practices regarding supplementation | SG 13/3/13 |
| | Retapamulin | Update antibiotic guidelines | LH 13/3/13 |