NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 15 January 2014**

Present:	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS Foundation Trust	CB
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Gordon Jackson	Patient Representative	GJ
	Helen Kennedy	Prescribing Support Technician, NHS Somerset CCG	HK
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Stephanie Wadham	Medicines Information / Formulary Senior Pharmacist, Yeovil NHS Foundation Trust	SW
Apologies:	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS Foundation Trust	JB
	Dr Rosie Benneyworth	GP Delegate (Taunton Deane Federation), Somerset CCG	RB
	Dr Andrew Brown	Head of Medicines Management, Somerset Partnership NHS Foundation Trust	AB
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Dr Joanna Dunn	Consultant in Palliative Care Medicine, St. Margaret's Somerset Hospice	JD
	Dr Steve Edgar	GP, Somerset Local Medical Committee representative	SE
	Dr Ulrike Harrower	Consultant, Public Health, Somerset County Council	UH
	Ann Lee	St Margaret's Hospice	AL
	John Martin	Chief Pharmacist, Yeovil NHS Foundation Trust	JM
	Dr Iain Phillips	GP Delegate (South Somerset Healthcare Federation), NHS Somerset CCG	IP
	Dr Geoff Sharp (Chair)	GP Delegate (Central Mendip Federation),	GS
	Martin Taylor	Development Pharmacist, Somerset Local Local Pharmaceutical Committee	MT
In-Attendance:	Ana Alves	Medicines Manager, NHS Somerset CCG	AA
	Donna Yell	Prescribing Support Technician, NHS Somerset CCG	DY

1 APOLOGIES

1.1 Shaun Green welcomed everyone to the meeting and apologies were noted as above.

2 DECLARATIONS OF INTEREST

2.1 No new interests were declared.

3 MINUTES OF THE MEETING HELD ON 15 November 2014

3.1 The Minutes of the meeting were agreed as a correct record, subject to the following amendments:

i) Page 10: Schedule of Actions – needs to read 'Actions arising from meeting held Wednesday 13 November 13' instead of Wednesday 10 July 13.

3.2 SG ran through the schedule of actions from the November meeting:

1. **NICE TA159** – Social anxiety disorder: Sompar representatives were asked to bring back relevant issues from guidance if needed. – **Action AB** – the Forum agreed to carry forward to next meeting as no representatives from Sompar to update today.
2. **NICE PH45** - Tabacco Harm Reduction – carry forward. Stewart Brock to be asked to identify relevant prescribing issues in the guidance that need to be considered by the Forum. **Action OD/UH** – the Forum agreed to carry forward to next meeting as no representatives from public health to update today. **AB to chase up.**
3. **Ondansetron off license use for non-chemotherapy induced nausea and vomiting**- JM to take forward application to the Forum based on relative risk on behalf of YDH. No application received. **Action JM** – the Forum agreed to carry forward to next meeting as no application submitted. **SW to chase up.**
4. **NICE DG10** – SG to raise commissioning of Oncotype DX with NHS England Specialist Commissioning. **Action SG** – SG said that he had raised the commissioning of these tests with NHS England who have no plans to commission this technology at present. CB explained that there are difficulties because the test is not a treatment and it is therefore difficult to get funding for these tests and that it is unfortunate that some patients will be receiving unnecessary chemotherapy because the testing isn't available to them. CB had raised the issue at the Network Chemotherapy Meeting but no decision had been reached.

4 MATTERS ARISING (no otherwise on the agenda)

4.1 SW explained that Fidaxomicin was approved by YDH Drug Therapeutics Committee last summer for the treatment of severe/recurrent Clostridium difficile at a cost of approx £1300 per course. In the past they would have used immunoglobulin which involved a longer length of stay than with fidaxomicin. However, fidaxomicin is approx £500 more expensive per course.

Fidaxomicin is not part of the PbR excluded drugs list or the cohort of drugs commissioned by NHS England tariff but YDH say that they are not financed to provide it.

SW said that YDH would like to know how they will be financially reimbursed for the cost of this drug. SG explained that PAMM felt that there should be no special case for this drug and that the cost should be absorbed into the baseline funding of acute trusts.

5 D&TC DECISIONS

5.1 RUH

No minutes had been received since the last meeting of the Forum.

5.2 Somerset Partnership MICP

Verbal report of the January meeting:

- Sompar are working on a discharge notification summary to go to GPs and care homes at discharge. These will provide more comprehensive information on treatments, monitoring and medication than previously.
- Discussion relating to the NICE IV fluid guidance for patients in hospital. To ensure that an IV fluid 'lead' is nominated and that nurses are educated on algorithms and fluid is prescribed by weight.
- NICE neuropathic pain guidance discussed. Agreed to follow any guidance issued by the CCG.
- Now using z-drugs as first choice hypnotics due to cost of temazepam. They are reiterating guidance to their prescribers that they should try to stop hypnotics at discharge.

5.3 TST

No further meetings since last SPF.

CB said that their thromboprophylaxis protocol for frail, elderly patients would be coming back to the next TST DTC meeting.

5.4 Weston

SG stated that any questions regarding the attached minutes should be

directed to Helen Spry (Medicines Manager, Somerset CCG).

5.5 YDH

No further DTC since last SPF.

6 NICE

6.1 A summary of the NICE guidance, including Quality Standards, published in November and December was presented to the Forum for information.

6.2 Raised for information: NICE TA 302 Juvenile Idiopathic Arthritis (systemic) – canakinumab (terminated appraisal) (Nov-13).

Appraisal terminated because the manufacture submitted no evidence.

6.3 NICE CG 172: Myocardial Infarction: secondary prevention (Nov-13)

Main changes highlighted:

- All patients should receive:
    - ACE inhibitors- should be titrated to maximum tolerated dose before the patient leaves hospital.
    - Beta blockers- should be titrated to maximum tolerated dose.
    - Dual antiplatelet therapy- aspirin plus a second antiplatelet agent
    - Statin.
- The discharge summary should include detailed instructions on incomplete drug titrations. Acute trusts should refer to the NICE guidance for further details on recommended content of the discharge summary.
- Eating oily fish for the sole purpose of preventing another MI is no longer recommended by NICE.
- Use of omega-3 fatty acid capsules **or** omega-3 fatty acid supplemented foods is also no longer recommended to prevent a further MI.
- SG has raised the guidance with Stuart Walker (Cardiologist). Forum Members should take this information back to their own trusts.

6.4 NICE CG 173: Neuropathic pain – pharmacological management (Nov-13)

NICE previously recommended amitriptyline or pregabalin as first choice treatments for neuropathic pain (except trigeminal neuralgia). The new NICE guidance now recommends a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia). If the initial treatment is not effective or is not tolerated, prescribers should offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated.

The Medicines Management Team would recommend trying the more cost

effective treatments first before moving on to more expensive drugs.

Tramadol is now only recommended if acute rescue therapy is needed SG highlighted that this is something that should be raised with pain teams and that he had raised with the local lead.

Somerset CCG formulary needs to be amended to reflect the new guidelines **Action CH**

6.5 **NICE CG 174:** Intravenous fluid therapy in adults in hospital (Dec 13)

For information Hospitals should ensure that they review their practice in line with the new guidance.

Evidence Summaries: New Medicines (noted for information only)

6.6 **ESNM26: Combined oral contraception: nomegestrol/estradiol (Zoely®)** (Dec 13)

6.7 **NICE ESNM29: Alcohol Dependence Nalmefene (Dec 13)**

Evidence Summaries: Unlicensed / off-label medicines - For information only

6.8 **ESUOM23: TIA: Clopidogrel**

6.9 **ESUOM24:** Critical limb ischaemia in peripheral vascular disease: intravenous Iloprost

6.10 **NICE EUOM25:** Non-cystic fibrosis bronchiectasis: colistimethate

6.11 **NICE Consultations**

A list of the current NICE consultations was presented to the Forum for information.

SG highlighted that NICE are producing a large number of quality standards and that we do not have capacity to review them all. We may want to look at targeted standards in future.

7 HORIZON SCANNING

7.1 The following horizon scanning documents were presented to the Forum for information:

- RDTC Monthly Horizon Scanning document
- RDTC Monthly Horizon Scanning document RDTC Monthly Horizon Scanning document – October 2013
- UKMi Prescribing Outlook: New Medicines

- UKMi New Drugs Online Newsletter
- NICE Forward Planning Schedule – October 2013
- A list of forthcoming NICE ESNM and ESUOM

SG asked organisations to bring internal discussions and thoughts on new developments to SPF because horizon scanning will be a standing item.

8 FORMULARY APPLICATIONS

8.1 **Dapoxetine *Priligy*®** Cost = £317/year based on 6 tablets per month.

SG explained that dapoxetine is a short acting SSRI licensed for the treatment of premature ejaculation and that the evidence had been reviewed by PAMM this morning. PAMM have agreed that this should be a green primary care drug but GPs should limit their prescribing to 6 tablets per patient per month.

Action: Add formulary- CH

8.2 **Canagliflozin**

SG explained that this drug is a 'second in class' Sodium-glucose co-transporter 2 (SGLT2) inhibitor. The cost will compete with dapagliflozin which has already been approved by NICE.

It was agreed that canagliflozin would be added to the formulary alongside dapagliflozin to be used in line with NICE recommendations for dapagliflozin. Efficacy will need to be demonstrated through a reduction in HbA1c of 0.5% over a 6 month period.

Action: Add to formulary- CH

8.3 **NICE TA 298: Choroidal neovascularisation (pathological myopia)- ranibizumab (Nov-13)**

Approved- positive appraisal.

8.4 **NICE TA 301: Diabetic Macular oedema-fluocinolone acetonide intravitreal implant (Nov-13)**

Approved- positive appraisal.

8.5 **Macular oedema (central retinal vein occlusion) – aflibercept (Eylea®) solution for injection: final appraisal determination (FAD)** http://guidance.nice.org.uk/TAG/342/FAD

The FAD states that NICE recommend Aflibercept solution for injection as an option for treating visual impairment caused by macular oedema secondary to CRVO only if the manufacturer provides aflibercept solution for injection

with the discount agreed in the patient access scheme.

SG stated that unless there are any appeals, NICE are likely to approve aflibercept (Eylea®) shortly with a NICE TAG. SPF agreed that this treatment should be made available through secondary care to suitable patients now.

SW said that she would make the ophthalmology team at YDH aware.

8.6 **Certolizumab Pegol (Cimzia®) for Ankylosing Spondylitis (AS)**

This is an anti-TNF drug licensed for the treatment Adults with severe active ankylosing spondylitis (AS) who have had an inadequate response to, or are intolerant to nonsteroidal anti-inflammatory drugs (NSAIDs). It has not yet been reviewed by NICE for this purpose. The manufacturer is offering 12 weeks at zero cost as per the access scheme for RA.

This drug has not yet been reviewed by NICE. SG proposed that certolizumab could be made available to patients with AS as per NICE guidance TA 143 AND TA233. It would be left up to individual clinicians to decide whether or not to choose certolizumab.

Dr Knights said that she was aware that there seemed to be quite a high drop out rate of patients treated with certolizumab for rheumatoid arthritis. Dr Knights agreed that she would put certolizumab through the YDH DTC for those clinicians who want to use it for AS.

It was agreed that the whole pathway should be looked at later this year.

8.7 **Lojuxta® hard capsules (lomitapide mesylate)** are licensed as an adjunct to a low-fat diet and other lipid-lowering medicinal products with or without low density lipoprotein (LDL) apheresis in adult patients with homozygous familial hypercholesterolaemia (HoFH) affecting just 1 case per million people. It may be an option for patients with HoFH with an inadequate response to current therapy but genetic confirmation of HoFH would be needed first. US price $25,000/ month

SG agreed that he would mention this drug with the lipid specialists who would need to agree treatment on a case-by-case basis.

9 **NHS ENGLAND SPECIALIST COMMISSIONING**

9.1 The PBR High Cost Drugs, Devices and Listed Procedures Annex 7B was shared with the Forum for information. The new drugs added to the list in year were highlighted in the spreadsheet.

10 PBR EXCLUDED DRUG MONITORING

CCG PBR Excluded Drugs.

10.1 A spreadsheet detailing the CCG-responsible PBR drug spend against budget for TST and YDH was presented and discussed. Variances against budget were considered.

SG highlighted that the manual hasn't been updated and released yet.

Trusts need to check whether they are prescribing anything that NHS England or the Cancer Drugs Fund say that they won't fund. Trusts should follow processes if they want to use new drugs in the list for 14/15. SG is happy to support Trusts in discussions with Specialist Commissioning.

11 DRUG SAFETY

MHRA Drug Safety Update Nov and Dec 2013 (Volume 7, Issue 3)

SG asked that trusts review the Drug Safety updates and take appropriate action. SK said that everyone considered for 'biologics' should be screened for hepatitis B and HIV prior to treatment.

EMA recommend suspending the use of Strontium ranelate (Protelos®)- This may take a few weeks for MHRA to review but it is highly likely that strontium will be withdrawn. Strontium will be made non-formulary. SW agreed to raise with YDH specialists

12 ANY OTHER BUSINESS

No further business was raised.

13 DATE OF NEXT MEETING

- Wednesday 12 March 2014

Venue: Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 15 JANUARY 2014			
1	**Declarations of interest**	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	**All** **(on going)**
2	**NICE CG 159- Social anxiety disorder**	SomPar representatives were asked to bring back relevant issues from guidance to January SPF. Carried forward to March meeting- CH to chase up.	**AB** **11-Mar-14**
3	**NICE PH45 Tobacco Harm Reduction**	Stewart Brock to be asked to identify relevant prescribing issues in the guidance that need to be considered by the Forum. Carried forward to March meeting- CH to chase up.	**OD / UH** **11-Mar-14**
4	**Ondansetron off license use for non-chemotherapy induced nausea and vomiting**	JM to take forward application to the Forum based on relative risk on behalf of YDH. Carried forward to March meeting- CH to chase up.	**JM** **11-Mar-14**
6	**NICE guidance on neuropathic pain**	Formulary to be updated to reflect new Guidance	**CH** **11-Mar-14**
7	**NICE guidance on secondary prevention of MI**	Forum members to take guidance beck to own Trusts	**All** **11-Mar-14**
5	**Lojuxta® hard capsules (lomitapide mesylate) as an adjunct to a low-fat diet and other lipid-lowering medicinal products with or without LDL apheresis in adult patients with homozygous familial hypercholesterolaemia (HoFH)**	SG to mention this drug with the lipid specialists who would need to seek agreement for treatment on a case-by-case basis.	**SG** **11-Mar-14**
7	Dapoxetine	Formulary to be updated to include dapoxetine	**CH** **11-Mar-14**
8	Canagliflozin	Formulary to be updated to include Canagliflozin	**CH** **11-Mar-14**