NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 4th May 2016**

Present:	Dr Geoff Sharp	GP Delegate (Central Mendip Commissioning Locality), GS Chair	
	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	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
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
	Donna Yell	Prescribing Support Technician, NHS Somerset CCG	DY
In Attendance	Mr Andrew Allison	Colorectal Surgeon YDH	AA
Apologies:	Rosemary Brook	Consultant Psychiatrist Somerset Partnership	RB
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Liz Harewood	Deputy Chief Pharmacist, Somerset Partnership NHS Foundation Trust	LH
	Matt Harvey	Development and Liaison Officer, Somerset LPC	MH
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Dr Robert Munro	GP, Somerset Local Medical Committee representative	RM
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Gaynor Woodland	Prescribing Support Technician, NHS Somerset CCG	GW

1	**WELCOME**
	GS welcomed everyone.
2	**APOLOGIES**
	Apologies were provided as detailed above.
3	**DECLARATIONS of INTEREST**
	GS asked for declarations of interest and there were no changes noted.
4	**MINUTES OF THE MEETING HELD ON 9 March 2016**
4.1	The Minutes of the meeting were agreed as an accurate record. One minor amendment was requested in the last action point on page 12: • **Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept** for rheumatoid arthritis: need to be added as **RED** drugs as per NICE guidance rather than green as previously stated. **Action: CH**
4.2	GS ran through the action points from the last meeting. Most actions were complete or on the agenda. The following points was specifically noted: • GS has written to the chair of the RuH Drug Policy Group (DPG) to ask whether they can find a reliable method of sending minutes to us once they are finalised. • This has now been finalised by TST. CH to send final version of TST LMWH Bridging Policy to JS so that he can follow up and try to get agreement from Dr Khan. **Action: CH**
5	**MATTERS ARISING** (not otherwise on the agenda)
5.1	**Biosimilars Policy** –
	The main discussion points were: • JB stated that it is TST policy to use biosimilars where a cost effective licensed product is available and there is no evidence of inferiority to the original product. JS updated the group that YDH is in the process of adapting the TST policy to something that the Trust is comfortable with. JS to update the group when finalised. **Action: JS** • SG asked about the position of TST and YDH around biosimilar glargine (Abasaglar®) which has the same amino acid sequence as Lantus® but is significantly less expensive. ➢ JB responded there is good evidence that the two products are equivalent. The change process will go ahead but will be slow because there are issues with differences between the devices and patients will require training. ➢ JS was asked to contact the YDH diabetes team to look at switching to biosimilar glargine. **Action: JS**

5.2	**NICE NG5: Medicines optimisation and NICE QS120: Medicines optimisation**
	A recent NICE Quality Standard on this topic has recently been published. It was considered more manageable to discuss gaps in Trust provision under each of the quality statements. It was noted that investment would need to be prioritised where there are identified gaps in provision. Trusts were asked to undertake a gap analysis against each of the 6 quality standards for discussion at next meeting. **Action: JB, JS, SD & CH** There was a brief discussion about the need to improve the timeliness of transfer of discharge information to primary care.
5.3	**Eylea® 'treat and extend' approach**
	Mr Shah had presented at the April YDH D&Tc regarding Aflibercept "treat and extend" regime for treatment of wet AMD. He explained that: • NICE currently support the use of Aflibercept within its licensed indication for management of wet AMD. • The SPC for Aflibercept, states that "after the first 12 months of treatment with Aflibercept, the treatment interval may be extended based on visual and/or anatomic outcomes. In this case the schedule for monitoring should be determined by the treating physician and may be more frequent than the schedule of injections". Mr Shah's proposal for the "treat and extend" regime for wet AMD are: 1) Patient receives standard treatment regime for the first year, i.e. 1 injection/month for three consecutive doses, then 1 injection every 2 months. 2) In year 2, the proposal is that if a patient's symptoms are controlled, they are considered for the "treat and extend" regime. Under this regimen, patient will be followed up at the clinic regularly and if symptoms are well controlled, then they will extend the treatment interval with Aflibercept by 2 weeks each time with follow up clinic appointment to ensure patient's symptoms remain stable. For some patients, this will require fewer injections after the first year treatment, resulting in potential savings to the NHS. The opthalmologists have concerns about the "when required" approach, where patient self-report for any changes in symptoms because there can be difficulty in organising urgent clinic appointments, which might lead to delay treatment for patients. The group asked JS to clarify with Mr Shah that Eylea would only be administered in year 2 under this approach where there is a clinical need. **Action: JS**
5.4	**Vitamin B12 advice on investigation management**
	There had been no response from the TST specialists on this on the suitability of this RUH guidance and treatment thresholds for local use. JB to follow up. **Action: JB**

5.5	**Leuprorelin Acetate (Lutrate®) 22.5mg prolonged release depot injection.**
	The main points of discussion were: • The urologists are in general agreement that this could be used in primary care and that they would recommend it if appropriate. • It is 15% Cheaper than Prostap 3 month injection. • Lutrate® is only indicated for palliative treatment of hormone dependent advanced prostate cancer. • AmCo have responded that the 22.5mg dose for Lutrate was trialled and found to achieve the sustained 3 month testosterone suppression required in advanced prostate cancer. • Agreed to add to formulary as per licensed indication as another option alongside Prostap. **Action: Steve Moore**
5.6	**NICE NG33 Tubercolosis**
	Suzy Rogers- infection control nurse has agreed to attend the meetings of the TB group. No response from Dr Steve Holmes yet.
6	**OTHER ISSUES**
6.1	**Patient held information cards for NOACs**
	JS raised the need for patients to have a NOAC alert card and asked for a Somerset wide approach to this in view of the high usage across Somerset. The group viewed the European NOAC card- SG stated that we haven't adopted this in the past as there are some flaws. This particular card implies more frequent testing than most GPs would normally do. Agreed to look at the possibility of producing a card for use across Somerset. **Action: CH**
7	**Formulary Applications**
7.1	**CALCI-D® chewable tablets Consilient Health Ltd (calcium carbonate/ colecalciferol 1000mg/1000IU) £2.25 / 28 tabs**
	Another cost effective 'once daily' calcium and vitamin D preparation. Approved as **GREEN** for intermittent treatment **Action: Steve Moore**
7.2	**Otovent nasal balloon for otitis media with effusion**
	This device was considered for use in primary care and agreed at PAMM in April as part of the "watchful waiting" pathway. It has the potential to reduce the need for grommet insertion. Noted.
7.3	**Teva UK Limited's Spotlight brands**
	Teva have produced a range of branded generic medicines which are cheaper the originator brands and these were agreed for addition to the formulary at PAMM in May. Noted.

7.4	**Buprenorphine 7 day Matrix Patch (Butec®) *Qdem pharmaceuticals* pack of 4 patches. 5mcg = £15.84, 10mcg = £28.40, 20mcg = £51.71.**
	• 5mcg = £15.84, 10mcg = £28.40, 20mcg = £51.71. • Identical to Butrans® but about now about 20% cheaper Proposed as **GREEN** - Approved for addition to formulary. **Action: Steve Moore**
7.5	**Botulinum toxin type A injection for treatment of anal fissures**
	Background SG explained that use of botulinum toxin type A has never been commissioned for this indication. However, some use has become apparent following closer inspection of PbR excluded drug data. NICE state that evidence from 2 systematic reviews and 4 further randomised controlled trials (RCTs) suggests that botulinum toxin type A injection is less effective than surgery, no better or worse than topical glyceryl trinitrate (GTN; mostly 0.2% ointment) or isosorbide dinitrate, and no better than placebo or lidocaine at healing anal fissures. **Discussion** Mr Andrew Allison (Colorectal Surgeon from YDH)- AA attended the meeting to discuss. The main points were: • TST and YDH Trust both accept that use for this indication is 'off label' • AA stated that Botox is already ingrained in a treatment algorithm which is widely used for anal fissure. It would only be used second or third line for disease resistant to first and second line therapy. A small number of patients are being treated this way. The only other option is to resort sphincterotomy which carries a significant risk of incontinence. • SG stated that Trusts should not be using Botox for this purpose as it had not previously been approved. There is currently no agreed pathway and all procedures need to be scrutinised in order to balance the financial position. • 'Due process' needs to be followed for the approval of all drugs onto the formulary. **Conclusion** • YDH was asked to submit an evidence based application to SPF for Botox in the treatment of anal fissures. **Action: AA and JS** • YDH and TST were asked to work together to produce an evidence based pathway for the treatment of anal fissure. **Action: AA/JS & JB**

8	**D&TC DECISIONS**
8.1	**Somerset Partnership D&T meeting**
	• SD explained that SomPar is currently restructuring its' medicines governance arrangements. The final arrangements are still to be decided but there will be a number of groups that look at different medicines issues. They are planning to have a new 'Antimicrobial Group' which links into the county-wide group. • The CCG has identified almost 300 patients with a diagnosis of LD and prescribed antipsychotics and approximately 400 patients with a diagnosis of dementia and prescribed antipsychotics. The CCG have raised concerns about this and a meeting is being arranged between SDB and SG to discuss the figures in more detail . • SD mentioned that they are considering using Toujeo within SomPar as an alternative to other glargine insulins where there may be some benefits e.g.: a. Longer duration of action reducing hypos b. Once daily administration is beneficial c. + or – 3hour admin time would benefit DN service SD will bring more information to SPF once detailed discussions have taken place.
8.2	**YDH DTC – last meeting 12/4/16.** Awaiting minutes.
	JS outlined that the main discussions relevant to SPF were around the Aflibercept "treat and extend" regime for treatment of wet AMD and Botox treatment for anal fissure. Both of these issues had been discussed in detail earlier on the agenda.
8.3	**TST D&T**
	No new minutes. Next meeting due to take place 16/5/16
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8.4	**Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)**
	Minutes from the last meeting (24/2/16) were viewed. It was noted that the high usage of co-amoxiclav by the Emergency Department continues to be monitored. SG noted that overall the Somerset position on antibiotic prescribing is good and stewardship arrangements are working well.
8.5	**RUH Bath DPG**
	The minutes and action points from the October and November meetings were reviewed. Nothing of particular to note.
8.6	**BNSSG D&TC**
	BNSSG D&TC: Minutes from 20/1/2016 were viewed and noted.
8.7	**BNSSG JFG**
	Minutes from 23/2/2016 were viewed and the following points noted: • BNSSG have decided to wait for a NICE decision on Alirocumab for Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet. Specialists can apply for IFR in the

	meantime. • Idarucizumab - specific reversal agent for dabigatran- has been accepted as a red 'hospital only' drug. • Riluzole liquid had been accepted for patients with motor neurone disease who are unable to swallow tablets in line with NICE guidance. CH to add to agenda for next meeting. **Action: CH** • Cangrelor has been accepted as a red 'hospital only' drug when co-administered with aspirin in adult patients with coronary artery disease undergoing percutaneous coronary intervention (PCI) who have not received an oral P2Y12 inhibitor prior to the PCI procedure and in whom oral therapy with P2Y12 inhibitors is not feasible or desirable. It was agreed that Trusts should raise with their cardiologists to see whether there is any interest in cangrelor. **Action: JB & JS**
	Part 2 – Items for information or noting
9	**NICE Guidance**
	A summary of the NICE guidance published since the last SPF was provided to the Forum for information. Relevant items had been placed on the agenda.
9.1	**NHS Sheffield CCG framework of NICE guidance**
	Noted
	NICE Technology Appraisals
9.2	**TA23 Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer).**
	Updated guidance noted.
9.3	**TA386 Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated **Action: Steve Moore**
9.4	**TA287 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated **Action: Steve Moore**
9.5	**TA388: Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction**
	Positive appraisal noted. This has previously been approved as an 'amber drug'. It is expected that the prescribing for patients fitting NICE criteria will be passed on to GPs. A shared care guideline is being written by TST. TLS to be updated with details of NICE guidance **Action: Steve Moore**

9.6	**TA389: Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer - for noting treatments**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated with details of NICE guidance **Action: Steve Moore**
10	**NICE Clinical Guidance**
10.1	**NG44 Community engagement: improving health and wellbeing and reducing health inequalities**
	Guidance noted
10.2	**NG45 Routine preoperative tests for elective surgery**
	Trusts were asked to consider whether they were testing appropriately pre- surgery.
10.3	**NG46 Controlled drugs: safe use and management**
	Noted.
10.4	**CG90 Depression in adults: recognition and management**
	Updated guidance noted.
11	**NHS ENGLAND SPECIALIST COMMISSIONING**
	The committee reviewed the Specialised Commissioning Drugs Briefing: Nov 2015. • Nothing to note
12	**PBR excluded drug monitoring**
12.1	**Trust Data**
	Data was reviewed for both Trusts. The following was noted: **TST- Month 11** • SG noted that there is a total overspend on PbR excluded drugs at TST and the main driver for that is Eylea; hence our concerns over 'treat and extend' potentially driving additional costs. **YDH – Month 12** • There is some overspend on Botox as previously discussed. We need to be aware that we will be entering a more 'pure PbR' process going forwards, which creates risks and benefits on both sides. There will be a need for greater scrutiny of how these drugs are used. We will potentially be moving away from setting an annual budget and looking at costs coming through on a monthly basis against expectations. JS stated that he thought that it would still be useful to have a 'budget' for Trusts to benchmark themselves against and drive efficiencies. The CCG may need to eventually move to a 'prior approval process' where all new drugs become PbR excluded. This will potentially cause workload issues on both sides.

13	**HORIZON SCANNING**
	The following horizon scanning documents were made available to SPF members in advance of the meeting. Relevant items from these documents had already been added to the agenda: • **RDTC Monthly Horizon Scanning document Mar and Apr 16** • **UKMI Prescribing Outlook and New Drugs Online** • **A list of forthcoming NICE ESNM** • **NICE forward planner**
15	**DRUG SAFETY**
15.1 & 2	**MHRA Drug Safety Update March and April 2016**
	Trusts were asked to consider review the safety of those drugs highlighted.
15.3	**NHSE Patient Safety Alert – prioritisation of general practice home visits**
	Alert noted. Trusts were asked to review and implement the recommendations.
16	**BNF Changes**
	Noted.
17	**ANY OTHER BUSINESS**
	SG is trying to get some more information on the meetings that have taken place around the proposal to have regional 'formulary groups'
	DATE OF NEXT MEETING
	6 July 2016 at Wynford House (Meeting Room 2), Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 4 May 2016

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
1	**Declarations of interest (1)**	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	**All (on going)**	**Ongoing**
2	**Minutes of Meeting 9/3/16**	Update minutes of March -16 as per item 4.1.	**CH 6 July 16**	**Complete**
3	**LMWH Bridging guidance**	Forward final version to JS to follow up with Dr Khan	**CH 6 July 16**	
3	**Biosimilars Policy**	JS to update the group on progress with this policy at YDH once finalised	**JS 6 July 16**	
4	**Biosimilar glargine**	JS to contact YDH diabetes team to discuss position on biosimilar glargine.	**JS 6 July 16**	
5	**NICE QS120: Medicines optimisation**	Undertake a gap analysis against each of the 6 quality standards for discussion at next meeting.	**JB, JS, SD and CH 6 July 16**	
6	**Eylea® 'treat and extend' approach at YDH**	To clarify with the ophthalmologists, the regime in year 2. Will use be governed by clinical need only?	**JB & JS 6 July 16**	
7	**Vitamin B12 pathway**	Follow up views of haematologists on the guidance and reference ranges used	**CH/ JB 6 July 16**	**Complete**
8	**NOACs Card**	Consider designing a card that could be used across Somerset.	**CH/ JS July 16**	
9	**Botulinum toxin type A injection for treatment of anal fissures**	TST and YDH to submit evidence based applications for Botox in anal fissure and pathways for the treatments of anal fissure to SPF	**AA/ JS/JB 6 July 16**	
10	**Cangrelor**	Trusts to ask whether cardiologists wish to use it	**CB & JS 6 July 16**	
11	**Riluzole liquid in MND**	CH to add to next SPF agenda	**CH 6 July 16**	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
	Formulary / Traffic Light Changes	• **Leuprorelin Acetate (Lutrate®) 22.5mg prolonged release depot injection** Add as **AMBER** as per License. **Only** indicated for palliative treatment of hormone dependent advanced prostate cancer. **N.B. dose differs from Prostap.** • **CALCI-D® chewable tablets** for Add as **GREEN** • **Buprenorphine 7 day Matrix Patch (Butec®)** Add as **GREEN** • **TA386 Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis** Specialist commissioning, not commissioned by CCG. **TLS RED** • **TA287 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated** Specialist commissioning, not commissioned by CCG. **TLS RED** • **TA388: Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction.** Update TLS with NICE guidance TLS **Amber** • **TA389: Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer - for noting treatments** Specialist commissioning, not commissioned by CCG. **TLS RED**	**Steve Moore 6th July 2016**	