NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 9th March 2016**

Present:	Dr Geoff Sharp	GP Delegate (Central Mendip Federation), Chair	GS
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
	Gaynor Woodland	Prescribing Support Technician, NHS Somerset CCG	GW
Apologies:	Rosemary Brook	Consultant Psychiatrist Somerset Partnership	RB
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Dr Steve Edgar	GP, Somerset Local Medical Committee representative	SE
	Matt Harvey	Development and Liaison Officer, Somerset LPC	MH
	Gordon Jackson	Patient Representative	GJ
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Liz Harewood	Deputy Chief Pharmacist, Somerset Partnership NHS Foundation Trust	LH
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB

1	**WELCOME**
	GS welcomed everyone.
2	**APOLOGIES**
	Apologies were provided as detailed above.
3	**DECLARATIONS of INTEREST**
	GS asked for declarations of interest. GS and OD updated their declarations of interest and these were noted.
4	**MINUTES OF THE MEETING HELD ON 13 January 2016**
4.1	The Minutes of the meeting were agreed as an accurate record.
4.2	GS ran through the action points from the last meeting. Most actions were complete or raised on the agenda.
5	**MATTERS ARISING** (not otherwise on the agenda)
5.1	**TST Biosimilars Policy** –
	JB not in attendance, however the view is that the amended advice shows encouraging outcomes. This is still to be discussed in YDH, however SK gave the committee a brief update on the current position. SK also emphasised the importance of all clinicians being fully informed and in agreement before any changes go ahead. Although the process is time consuming, it ensures patients are fully informed and accept the changes. SK stated that YDH are in agreement with the proposal, but the finer details need to be decided. SK/JS to update the group at the next meeting. **Action: SK/JS** SK also mentioned that drug information is not easily available before a new drug is launched, so any preparation work is delayed. Cost savings are therefore not being maximised due to this delay. Also, with frequent price changes, it can be challenging to decide which medicines to use as first line. RA patients receiving biosimilars will be added to the BSR database to monitor for long term safety and efficacy JS queried that in other areas help has been available from the CCGs to facilitate the switch, and whether this is an option for Somerset.
5.2	**Anti TNF pathway and biosimilar etanercept**
	SK confirmed that etanercept will be the first line biosimilar for RA.
5.3	**NG5: Medicines optimisation**
	CH stated that no responses have been received from either JB or SomPar. JS had findings to discuss, but it was felt this would be better discussed with the other Trust

	Chief Pharmacists. It was therefore decided a sub group should be formed to analyse the findings, and the results brought back to this group for discussion. **Action: CH**
5.4	**LMWH Bridging guidance**
	A change of wording has been requested by the LMC regarding POACs. As no feedback has yet been received on this, CB agreed to follow up with TST- CH to pass information to CB. **Action: CH**
5.5	**Eylea® 'treat and extend'**
	YDH and TST have put in a D & T request to take this approach during the second year of treatment only. The expectation is that this proposal will be accepted as it is in line with NICE guidance. To feedback once decision is made. **Action: JS & JB**
5.6	**Vitamin B12 advice on investigation management**
	Mike Holmes reported that practices are using a slightly different range of results to identify patients for treatment. Simon Davies (haemotologist) is currently considering the appropriateness of the different ranges.
5.7	**Medicines optimisation dashboard**
	This now contains secondary care data, although it may not be fully accurate. It is expected that any issues will be resolved by the next quarter
5.8	**Leuprorelin Acetate (Lutrate®) prolonged release depot injection.**
	The recommended dose for the 3 month injection is twice as high as Prostap®. CB agreed to pass on information to relevant specialists to ask for their views **Action: CB/CH**
6	**OTHER ISSUES**
6.1	**Price reduction of Apixaban**
	This follows the price reduction of the other NOACs. Due to the price reductions across the board, there is little to be gained from identifying a first line choice.
6.2	**Establishing Regional Medicines Optimisation Committees (NHS England letter)**
	This new committees will evaluate new medicines, and licence extensions not reviewed by NICE. The aim is to reduce duplication of work that takes place within multiple D & T Commitees across the country. Chairpersons have already been appointed to the four committees. The committee were unsure of the benefits of this for Somerset. It has the potential to impact on the drug budget.
7	**Formulary Applications**
7.1	**Ulipristal acetate 5mg tablets (Esmya) for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. 28**

	X 5mg tabs £114.13 *Gedeon Richter (UK) Ltd.*
	This can now be given for up to four intermittent cycles and may be an option to reduce the need for surgery in some women. The feedback from secondary care was that there is not a great demand for this treatment, but it does give another option for consultants and patients. Approved as **AMBER** for intermittent treatment **Action: Steve Moore**
7.2	**Tretinoin + clindamycin (Treclin™) gel for facial acne Meda Pharmaceuticals 30 days treatment: £5.97, basic NHS price £11.94 (30g tube)**
	• Indicated for the topical treatment of acne vulgaris when comedones, papules and pustules are present in patients 12 years or older. • Is in line with NICE Clinical Knowledge Summary for acne vulgaris. • Has a better storage and stability profile than similar products. It does not require fridge storage and has a 3 month shelf life once dispensed. • There may be potential cost savings over other combined tretinoin or benzoyl peroxide products with reduced side effects. Proposed as **GREEN** - Approved **Action: Steve Moore**
7.3	**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 10% cheaper. Proposed as **GREEN** - Approved **Action: Steve Moore**
7.4	**Microdot® lancets and droplet insulin pen needles.** *HTL Strefa S.A.*
	• Similar prices to products already approved on formulary. Proposed as **GREEN** as additional cost effective options – Approved **Action: Steve Moore**
7.5	**Adrenaline solution for injection in prefilled pen (Emerade®) *Bausch & Lomb U.K.Limited***
	• Has a longer shelf life than current formulary choice Epipen®, 30 months for Emerade®, 18 months for Epipen® and therefore will be cheaper for many patients • 300mcg device has a longer needle than Epipen®. • No suggestion to perform switches in primary care due to training issues presented as a result of changing devices The 150mcg and 300mcg devices are suitable for patients to self-administer. The 500mcg device should only be used by health professionals although generally most practices use vials to administer doses of 500mcg. The extended shelf life is a significant advantage as most patients replace their

	device when it expires rather than because it has been used. Proposed to add as **GREEN** for new patients or existing Epipen patient who are happy to change to Emerade®. - Approved **Action: Steve Moore**
7.6	**Sildenafil for the treatment of digital ulceration in systemic sclerosis.**
	• Recommended by NHS England • Small numbers of patients • More convenient and more cost effective than conventional treatment SK requested that sildenafil be added to the TLS as amber for initiation in secondary care. The group decided that this needs to be discussed with the LMC and PAMM. To be added to the agenda for the next meeting. **Action: Catherine Henley**
7.7	Albiglutide a new GLP-1 Receptor Agonist licensed in T2 diabetes (marketed by GSK to the PAMM and SPF agendas)it is long acting- dose once weekly and competitive with dulaglutide and LA exenatide at £71 for 4 prefilled pens (both priced at ~ £73 for 4 x pre-filled pens)
	• Cost effective alternative to existing formulary choices **GREEN** TLS approved **Action: Steve Moore**
7.8	Daylette- Combined Oral Contraceptive. £10.50 for 3 x 28 tabs.
	• Cost effective alternative to originator brand Eloine® Approved as **GREEN** TLS **Action: Steve Moore**
7.9	Cilique- Combined Oral Contraceptive. £4.65 for 3 x 21 tabs
	• Cost effective alternative to originator brand Cilest®. Approved. **GREEN** TLS. **Action: Steve Moore**
7.10	NICE TA375 Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis
	Update to existing guidance **RED** TLS. Steve Moore to update TLS with revised links to guidance **Action: Steve Moore**
7.11	NICE TA383 TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis
	Earlier treatment of patients than previously recommended. This will only affect a low number of patients. Approved as per NICE using the most cost effective option. **RED** TLS **Action: Steve Moore**
7.12	NICE TA385 Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia

	Update to existing guidance **GREEN** TLS **Action: Steve Moore**
7.13	**Reletrans (buprenorphine) transdermal 7 day patch *Sandoz*** **5mcg/hour £12.32, 10mcg/hour £22.09, 15mcg/hour £34.41, 20mcg/hour £40.22 (4 patches per pack)**
	• Cost effective buprenorphine patch Proposed as **GREEN** - Approved **Action: Steve Moore**
8	**D&TC DECISIONS**
8.1	**Somerset Partnership D&T meeting**
	The minutes and action points from 7 Jan meeting were reviewed. Nothing of particular to note.
8.2	**YDH DTC – next meeting 19/1/16**
	The minutes and action points from 19 Jan meeting were reviewed. Nothing of particular to note.
8.3	**TST D&T**
	• Starting to use Sacubitril • Would like to use a shared care agreement for mercaptopurine in IBD for use in patients that cannot take azathioprine. CH to check if we have previously used one that can be updated. **Action CH**
8.4	**Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)**
	Tabled for next meeting
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**
	The minutes and action points from the November meeting were reviewed. Nothing of particular to note.
8.7	**BNSSG JFG**
	The minutes and action points from the October and November meetings were reviewed. Nothing of particular to note.
	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	**TA376 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG **Action: Steve Moore**
9.3	**TA377 Enzalutamide 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**
9.4	**TA378 Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy**
	Negative appraisal noted. TLS to be updated. **Action: Steve Moore**
9.5	**TA379 Nintedanib for treating idiopathic pulmonary fibrosis**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated **Action: Steve Moore**
9.6	**TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated. **Action: Steve Moore**
9.7	**TA381 Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated. **Action: Steve Moore**
9.8	**TA382 Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal)**
	Negative appraisal noted. TLS to be updated. **Action: Steve Moore**
9.9	**TA384 Nivolumab for treating advanced (unresectable or metastatic) melanoma**
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. SK noted that uptake is likely to be low due to frequency of administration **Action: Steve Moore**
10	**NICE Clinical Guidance**
10.1	**NG16 Diabetic foot problems: prevention and management (updated 2015 guideline)**

10.2	**NG33 Tuberculosis**
	OD explained that the upper age limit for treating latent TB has increased from 35 to 65 years which could lead to double the numbers of patients requiring treatment. However, due to the low prevalence of TB in Somerset, this is calculated to be an increase from 6 patients to approximately 13, increasing costs from £7k per annum to £14k. OD also stated that there could be low resilience in Somerset if there was an outbreak of TB. Somerset CCG has no designated lead for TB, and is not represented at the TB group. GS suggested that Dr Steve Holmes should be asked to attend the TB group meetings. It was also suggested that Susie Rogers from infection control should be involved. **Action: CH**
10.3	**NG34 Sunlight exposure: Risks and benefits**
	Noted
10.4	**NG35 Myeloma: diagnosis and management**
	Noted
10.5	**NG36 Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over**
	Noted
10.6	**NG37 Fractures (complex): assessment and management**
	Flagged to acute care for consideration
10.7	**NG38 Fractures (non-complex): assessment and management**
	Flagged to acute care for consideration
10.8	**NG39 Major trauma: assessment and initial management**
	Flagged to acute care for consideration
10.9	**NG40 Major trauma: service delivery**
	Flagged to acute care for consideration
10.10	**NG41 Spinal injury: assessment and initial management**
	Noted
10.11	**NG42 Motor neurone disease: assessment and management**
	This guidance discusses the use of a cough assist device – should these be commissioned by NHS England?
10.12	**NG43 Transition from children's to adults' services for young people using health or social care services**
	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**
	Month 8 data was reviewed for both Trusts. The following was noted: **<u>TST</u>** • Figures not yet available **<u>YDH</u>** • Month 10 data • £344,000. Largest growth in MAB • Earlier use of biosimilars could have been advantageous
	Budget setting for next year should help to identify where savings could be made. Further work to be done rationalising doses and looking at outcomes as well as cost. SK feels there is not much wastage with the high cost RA drugs, as long as patients get fairly frequent deliveries. If the patient receives a large amount of medication in frequently, the potential for waste is much greater if the medication needs to be changed. There is also more potential for medicines to be affected if poorly stored. SK has asked her patients to refuse to accept a delivery of medication if they already have stocks at home, also helping to reduce wastage. Healthcare at Home are improving their processes to stop unnecessary deliveries. SK would like to see more personalisation of patients' medication, using genetic or functional testing to make sure patients receive the right drug at the right dose for them straight off, rather than working through a trial and error process.
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 Jan and Feb 16** • **UKMI Prescribing Outlook and New Drugs Online** • **A list of forthcoming NICE ESNM** • **NICE forward planner** Nothing particular to note except NICE updated position on injectable cholesterol lowering medicine.
15	**DRUG SAFETY**
15.1 & 2	**MHRA Drug Safety Update Jan and Feb 2015**
	Information regarding nicorandil, valproate and spironolactone was noted.
15.3	**NHSE Patient Safety Alert – Risk of severe harm or death when desmopressin is omitted or delayed in patients with cranial diabetes insipidus**

	Alert noted. Trusts were asked to review and implement the recommendations.
16	**BNF Changes**
	Noted.
17	**ANY OTHER BUSINESS**
	No other business raised
	DATE OF NEXT MEETING
	4 May 2016 at Wynford House (Meeting Room 1), Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 9 MAR 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	**Biosimilars Policy –**	SK/JS to update the group on progress with this policy at YDH	**SK/JS 4 May 16**	
3	**NG5: Medicines optimisation**	To form subgroup to analyse findings, and discuss at next meeting	**CH, JB, JS, & LH 4 May 16**	
4	**LMWH Bridging guidance**	Pass most recent information for CB to follow up	**CH/CB 4 May 16**	**Complete**
5	**Eylea® 'treat and extend' approach at YDH**	To feedback to this committee once a decision is made	**JB & JS 4 May 16**	**On agenda**
6	**Vitamin B12 pathway**	To feedback the views of haematology on the variance in the ranges	**CH 4th May 16**	**Awaiting comment**
7	**Leuporelin Acetate (Lutrate®)**	CB to pass information on to relevant specialists for comment	**CB/CH 4th May 16**	**Complete**
8	**NG33 Tuberculosis**	Dr Steve Holmes and Suzie Rogers to be asked to contribute to the Somerset TB group	**CH 4th May 16**	**Complete**
9	**SCG for 6-MP in Inflammatory Bowel Disease**	Look into the status of this Shared Care Guideline	**CH 4th May 16**	**Complete**

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	
10	**Formulary / Traffic Light Changes**	• **Ulipristal acetate 5mg tablets** (Esmya) for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age: Approved as **AMBER** • **Tretinoin + clindamycin (Treclin™) gel** for facial acne: Approved as **GREEN** • **Buprenorphine 7 day Matrix Patch (Butec®).** Approved as **GREEN** • **Microdot® lancets and droplet insulin pen needles**. Approved change to **GREEN for** increased patient choice • **Adrenaline solution for injection in prefilled pen (Emerade®):** Approved as **GREEN** • **Albiglutide** a new GLP-1 Receptor Agonist licensed in T2 diabetes**:** Approved as **GREEN** as a cost effective option. • **Daylette-** Combined Oral Contraceptive. Cost effective alternative to Eloine®: Approved as **GREEN** as a cost effective option. • **Cilique**- Combined Oral Contraceptive. Cost effective alternative to Cilest®: Approved as **GREEN** as a cost effective option. • **Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept** for rheumatoid arthritis: Add as **RED** as per NICE guidance.	**Steve Moore 4th May 16**	

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	Formulary / Traffic Light Changes	• **TNF-alpha inhibitors** for ankylosing spondylitis and non-radiographic axial spondyloarthritis: Add as **GREEN** as per NICE guidance. • **Ezetimibe** for treating primary heterozygous-familial and non-familial hypercholesterolaemia: Add as **GREEN** as per NICE guidance. • **Radium-223 dichloride** for treating hormone-relapsed prostate cancer with bone metastases. Positive appraisal noted. Specialist commissioning, not commissioned by CCG. **TLS RED** • **Enzalutamide** for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated. Positive appraisal noted. Specialist commissioning, not commissioned by CCG. **TLS RED** • **Ramucirumab** for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy**.** Negative appraisal noted, therefore **TLS BLACK** • **Nintedanib** for treating idiopathic pulmonary fibrosis. Positive appraisal noted. Specialist commissioning, not commissioned by CCG. **TLS RED**	**Steve Moore 9th Mar 2016**	

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