Frimley ICS Medicines Board (MB) Summary of Decisions November 2024

MB ratified the following approval decisions and noted discussions from its Subcommittees:

Frimley ICB Medicines Optimisation Group (MOG):

Decision Outcomes

- **Anticoagulation selection tool update** – this updated version recommends generic apixaban and generic rivaroxaban as preferred anticoagulants. **Recommended for approval.**
- **Relugolix classification as RED following NICE TA** – specialists do not support widespread use locally. RED classification suggested. **Recommended for approval.**
- **Vibegron classification as Green** – to be added to formulary as Green, after mirabegron. **Recommended for approval.**
- **COPD rescue pack guide and PIL updates** – these updated documents provide information to prescribers and patients on COPD rescue packs. **Recommended for approval.**
- **Tier 3 weight management referral form** – this referral form allows clinicians to refer appropriately to weight loss services. **Recommended for approval.**
- **Amiodarone shared care document** – An update to our shared care document to utilise the new template. **Recommended for approval**.
- **Dronedarone shared care document** – A new shared care document has been developed for dronedarone. Funding is in place for monitoring in primary care. **Recommended for approval.**
- **Adult tube feed formulary update** – the formulary is being updated ahead of a change in contract for enteral feeds services across Frimley ICS. This will move our supplier from Abbott to Nutricia and the updated formulary aligns to the new supplier's products. **Recommended for approval.**
- **Paliperidone 6 monthly injection formulary addition request** – a request was received from SABP to add the 6 monthly injection to our formulary as amber shared care. 3 monthly product already in place. This reduces the number of injections needed by the patient and reduces workload for services. There is no additional cost. **Recommended for approval.**
- **Guanfacine for ADHD in adults formulary addition request** – a request was received from SABP to make guanfacine Amber with shared care for adults. Already on formulary for children and those who have transitioned to adult services whilst already on the medication. Specific specialist in SABP who would meet classification of a tertiary specialist. **Recommended for approval.**
- **Lercanidipine addition to formulary** – a request was received for the addition of lercanidipine to the formulary as 2nd line to amlodipine when amlodipine causes ankle oedema. The case presented backed up a lower incidence and there is no cost pressure. Lercanidipine would replace felodipine on the formulary. **Recommended for approval.**
- **Metolazone shared care document** - A new shared care document has been developed for dronedarone. Funding is in place for monitoring in primary care. **Recommended for approval.**
- **Lipid management tool update** – Some minor updates have been made to this document to ensure it is clear which medications are recommended by recent NICE TAs. **Recommended for approval.**

- **Pathway for rifaximin 550mg tablets for prevention and treatment of episodes of overt hepatic encephalopathy** – This pathway has been updated to reflect the change in formulary status from Amber with Shared Care to Amber without shared care. **Recommended for approval.**
- **Duloxetine formulary extension –** a request was received to extend the available duloxetine products to include 20mg and 40mg as Green, licensed for incontinence. **Recommended for approval.**
- **Prasterone formulary application** – a request was received with an accompanying pathway to add prasterone to the formulary as Green in line with NICE guidelines. **Recommended for approval.**
- **Ospemifene formulary application** - a request was received with an accompanying pathway to add ospemifene to the formulary as Green in line with NICE guidelines. **Recommended for approval.**
- **Blissel gel formulary application** – a request was received with an accompanying pathway to add Blissel gel to the formulary as Green for women needing a low estrogen dose option. **Recommended for approval.**
- **Desmopressin formulary extension** – a request was received to extend the available desmopressin indications to adult female incontinence as Amber without shared care. **Recommended for approval.**
- **Topiramate Guidance for Primary Care** – this new information document to support adherence to national guidance on safe prescribing of topiramate. Following initial discussion at MOG, suggestions for changes were received via email. **Chairs action taken to recommend that this go forward to Medicines Board for approval.**

Discussions for awareness

- **Valproate shared care document** – Pending some minor wording inconsistencies being corrected, MOG support this moving forward for approval via Medicines Safety Group subcommittee.
- **PGDs for IUDs in general practices** – Discussion was undertaken regarding whether the administration of IUDs in general practices. It was agreed that this was not a setting where us of a PGD is appropriate. An SPS criteria for not using a PGD is "A PGD is not necessary and should not be used when there is an opportunity in the care pathway for the medicine to be safely prescribed on an individual basis by a qualified prescriber. The majority of clinical care involving supplying and/or administering medicines should be undertaken on an individual, patient-specific basis where this does not compromise individuals' timely access to care."

Frimley Health Foundation Trust (FHFT) Drugs and Therapeutic Committee (DTC)

- **Drugs added to formulary and formulary extensions:**
  - Unlicensed IV artesunate addition to formulary for patients with severe or complicated falciparum malaria, or at high-risk of developing severe disease or unable to take oral treatment **– Approved.**
  - Unlicensed carbachol (Miostat) 0.01% intraocular solution as a first-line replacement for the licensed product which has a shortage expected to last until Jan 2026 in line with SPS recommendations **– Approved.**
  - Pilocarpine formulary extension for use intracamerally (off-licensed route, diluted in 2% BSS) as a more cost-effective alternative to the above carbachol shortage **– Declined, ophthalmology to provide confirmation of use in other centres/evidence base including an SOP/protocol for dilution at next DTC.**
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- Penthrox formulary extension for use in OPD/Plastics; it was noted that Penthrox is on formulary for moderate to severe trauma-related pain and this is a licensed use. The only unlicensed use remains for procedural pain in gynaecological outpatient procedures **– No change required for formulary (OPD/Plastics team to create cross-site SOP on Penthrox use).**
- Solifenacin formulary extension for liquid formulation as a more cost-effective option with a better adverse reaction profile compared to oxybutynin – **Approved, awaiting MOG agreement.**
- Peginterferon Alfa 2a (Pegasys) formulary extension for use in myeloproliferative disorders when hydroxycarbamide is either not tolerated or inappropriate due to resistance, in accordance with NSSG protocol **– Approved.**
- The formulary entry for budesonide required updates regarding specific brands and their licensed uses **– Noted, to go through MOG.**
- Sugammadex injection formulary extension for reversal of neuromuscular blockade induced by rocuronium or vecuronium in adults, as an alternative to neostigmine and glycopyrrolate **– Approved, when usual contracted supply is constrained/unavailable, this will be restricted to emergency use only due to the financial implications (hospital pharmacy team will communicate when this is the case).**
- Softacort eye drops formulary application for mild non-infectious allergic or inflammatory conjunctival disease and inflammatory eye disease, as a lower potency steroid alternative **– Approved for use in adults (RED/hospital-only).**
- Humulin S eye drops (unlicensed product) formulary application for persistent epithelial defects refractory to treatment as an alternative to surgery **– Approved (RED/hospital-only).**
- Omeprazole oral suspension formulary extension to aid administration in neonates and paediatrics i.e., <1 year old with enteral tube OR <1 year old on a dose of <5mg OR >1yr old AND <10kg with an enteral tube **– Approved (RED/hospital-only).**
- Dysport formulary extension for its licensed uses as an alternative botulinum neurotoxin option for patients who have not responded to or cannot tolerate Botox **– Approved for use by Dr Niccolini and Dr Gratwicke, with availability limited to designated clinics.**
- Unlicensed calcium folinate injection as a replacement to the ongoing shortage of the licensed preparation expected to last until January 2025 **– Approved.**
- Intramuscular (IM) olanzapine formulary extension for rapid tranquilisation protocol in line with SABP guidance for FPH patients **– Approved, WPH to follow BHFT guidance which maintains IM olanzapine as non-formulary, ongoing discussions with the specialist teams.**
- Olanzapine (off-license) formulary extension for chemotherapy induced nausea & vomiting (CINV) associated with highly emetogenic chemotherapy and for promoting weight gain in patients receiving Selinexor **– Declined, awaiting official guidance from Cancer Network Protocols.**
- Diclofenac topical gel formulary extension for rheumatic pain and inflammation **– No decision made, further discussions are needed with rheumatology team and ICB colleagues to compare costs with other topical NSAID gels currently on the formulary.**
- Tacrolimus formulary extension to include the following brands; Adoport, Modigraf, Advagraf and Envarsus in line with recommendations from renal transplant and hepatology specialist centres and to reflect current practice **– Approved.**
- Omeprazole dispersible tablets restriction extended to patients with swallowing difficulties, enteral tube administration and high-output stoma **– Approved, however teams are encouraged to challenge prescriptions, and offer a change to the more cost-effective lansoprazole dispersible where appropriate.**
- Vitamin B compound strong is restricted for use only in patients at risk of refeeding syndrome and should not be prescribed for alcohol misuse **– Noted.**

- **Change in formulary colour classifications:**

- Metolazone and dronedarone changed from RED/hospital only to amber with shared care – **Approved, already gone through MOG.**

- **NICE TA approvals. All are Hospital-only (RED) medication unless otherwise stated.**
  - TA996: Linzagolix for treating moderate to severe symptoms of uterine fibroids.
  - TA995: Relugolix for treating hormone-sensitive prostate cancer **– to remain RED/hospital-only.**
  - TA999: Vibegron for treating symptoms of overactive bladder syndrome **– traffic light status to be approved at MOG. Update – agreed to be Green after mirabegron due to experience in use and sooner patent expiry.**
  - TA1000: Iptacopan for treating paroxysmal nocturnal haemoglobinuria **– tertiary centre only (St James' University Hospital and King's College).**
  - TA1005: Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement.
  - TA1004: Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion.
  - TA1003: Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over **– specialist authorised centre only.**
  - TA1002: Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over **– tertiary centre only (where patients have other HoFH treatments).**
  - TA1009: Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension **– Agreed as amber no shared care.**
  - TA 1010: Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria (access via specialist paroxysmal nocturnal haemoglobinuria service).
  - TA 1012: Avapritinib for treating advanced systemic mastocytosis.
  - TA 1013: Quizartinib for induction, consolidation, and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia**.**
  - TA 1015: Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments.
  - TA 1016: Elafibranor for previously treated primary biliary cholangitis.

  Other NICE TA changes to be made on formulary:
  - TA998: Risankizumab for treating moderately to severely active ulcerative colitis (update with link to TA).
  - TA737: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer (update to wording, noted).
  - TA997: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma (update with link to TA).
  - TA1001: Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment (update with link to TA).
  - TA1006: Empagliflozin for treating type 2 diabetes in people 10 to 17 years (terminated appraisal, to remain formulary with link to TA).
  - TA1007: Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (update with link to TA).
  - TA1008: Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments (update formulary with link to TA).
  - TA 1014: Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer (update formulary with link to TA).

- SSC 2706- Palivizumab for passive immunisation against RSV in at-risk infants 2024-25 season commencement on 1/10/24. Nirsevimab is the Green Book first-line recommendation but not available in the UK, palivizumab will be commissioned in this case **– Noted, circular shared with clinical teams.**
- SSC 2717: Voxelotor (Oxbryta) withdrawal from UK market due to unfavourable imbalance in the number of vaso-occlusive crises and fatal events (remove from formulary).
- SSC 2727: NHSE urgent interim clinical commissioning policy permitting the use of ropeginterferon alfa-2b for myeloproliferative neoplasms (for addition to formulary).

- **Guidelines discussed:**
  - NICE NG242: Diabetic retinopathy: management and monitoring, new guideline with information on monitoring and treatment for people in hospital eye services with non-proliferative diabetic retinopathy, proliferative diabetic retinopathy, and diabetic macular oedema **– Noted, to go through ophthalmology Clinical Governance (formulary extension for fenofibrate off-label use which is recommended in the guideline to come through next DTC).**
  - NICE NG243: Adrenal insufficiency: identification and management, new guideline aimed to improve management of the condition and endorse best practice **– Noted, to go through relevant Clinical Governance.**
  - Anticoagulation for AF pathway recommending apixaban as first-line and rivaroxaban as alternative once-daily regimen **– Noted, to go to MOG with final version**
  - Update to NICE Clinical Guideline on Acute kidney injury: prevention, detection, and management [NG148] **– Noted.**
  - FHFT Gout guideline **– Noted, formulary extension form for etoricoxib to be completed for December DTC.**
  - New Shared Care Agreements for metolazone and dronedarone and updated agreement for amiodarone **– Noted.**
  - Final versions of guidelines relating to DTC application/dissemination **– Noted.**
- **Other Discussions:**
  - Trust funding request for tocilizumab extended therapy for GCA in a patient unable to recognise symptoms of relapse/flare-up **– rejected via tertiary centre, to bring back to DTC Chair/Secretary for approval.**
  - Immunology trust funding request for nurse to administer IVIG/SCIG for a patient at home **– Noted, to seek advice from Clinical Commissioning Pharmacist to explore NHSE funding via Homecare provider or consider a similar process to Hospital at Home funded by the trust.**
  - National Shared Care Agreements for azathioprine, hydroxychloroquine and mycophenolate adopted by Dermatology **– Noted, to go through haematology, gastroenterology, and rheumatology Clinical Governance for feedback and approval.**
  - Retrospective trust funding request for infliximab one-off dose in two paediatric patients with Kawasaki disease at advice of tertiary centre **– Approved, Clinical Commissioning Pharmacist to work with tertiary centre on creating a policy process if a cohort is identified.**
  - Adalimumab off-protocol trust funding request for once-weekly dosing in psoriatic arthritis for two patients as an alternative to next line treatments recommended by NICE **– Declined.**
  - Shared Care Agreement for valproate use in people of childbearing age which had already gone through MOG **– Noted, final document to go through Neurology Clinical Governance.**
  - Rheumatology off-protocol trust funding request for tocilizumab 6 months extended therapy for GCA in patient unable to recognise symptoms of relapse/flareup (brought back from September DTC) **– Approved.**

- Haematology retrospective trust funding for patient to have last 6 months of gemcitabine for T-cell lymphoma closer to home **– Noted.**
- Haematology retrospective trust funding for 4 weeks of rituximab for cold agglutinin disease as per regional MDT approval where there are no alternative treatments **– Noted.**
- Haematology retrospective trust funding for single dose Mylotarg for first cycle of AML treatment as recommended by Royal Marsden Leukaemia MDT **– Noted.**
- Haematology compassionate funding by Abbvie for venetoclax oral sachets for lymphoma patient unable to swallow tablets **– Approved.**
- Haematology compassionate funding by pharmaceutical company for off-licensed use of avatrombopag for a 17-year-old until they turn 18 and meet Bluteq requirements **– Approved, agreement pending.**
- Dermatology free of charge supply of ixekizumab for moderate-to-severe plaque psoriasis by Eli Lilly for the first 5 injections for 5 patients at a time (drug already has a NICE TA for this indication) **– to clarify terms of agreement with company.**

Frimley Health and Care ICS Pharmacy Digital Strategy Group

Discussions for awareness

- Identified challenge with Pharmacy First data – pharmacies not using PO, referral numbers not being picked up
- Work continues on EMIS Pinnacle email notifications from community pharmacy to general practice backlog- working with commissioning hub to get these emails all actioned
- Doing some work looking at the integration of pharmacy first into our system Healthier together app to increase timely access to primary care services
- HCRG Care Group's community teams are experiencing issues with two EMIS systems (Community module and EMIS Web) not interfacing properly, causing delays and inefficiencies in prescription processes, as nurses and GPs cannot easily access each other's records. This lack of integration results in time-consuming manual work to ensure safe prescribing and medication interaction checks, prompting a suggestion to raise the issue with Melody Chapman at the Frimley ICS Medicines Safety Group for a potential system-wide resolution. EMIS was in attendance at the meeting on 13th Nov 24 and they have been invited to attend the next meeting in Jan 25
- Discussed the establishment of a process for managing medicines-related risks identified by the digital subcommittee- to monitor, track, and escalate risks to appropriate board (either the Medicines Board or ICS Digital Board as needed) with the process designed to evolve over time.
- Still exploring how to use written medicine (translation labels) in pharmacy

Frimley ICS Medicines Safety Group

Decision Outcomes

- Valproate Shared care document to approved at MOG.

Discussions for awareness

- A Medicines Optimisation CQC checklist had been developed by MOT to support safe prescribing of medicines in general practice. An example of the check list was presented. Over the past 12 months inspections had identified several medicines related issues. The checklist has been designed to be a supportive document, which would help improve the governance around areas such as PGDs, paper prescription management & security and MHRA safety alerts
- System safety communication messages process has been developed. Messages to follow concise format in the form of a one minute read. MSG meetings to provide governance before publishing. Aim to have a bank of messages approved for Frimley stakeholders to regularly distribute within each organisation. The messages approved at the October meeting: propranolol, Entresto, Enteral feed and clozapine.
- East Berkshire Primary Care Out of Hours shared learning around prescribing of colchicine for acute gout significant event. Each stakeholder agreed to share learning from event within their own organisation.
- Topiramate update given on resources produced.
- Valproate update given on shared care document.
- PMOS Meds safety indicators, progress to date presented, including brief discussion around medicines related LFPSE entries.
- Feedback from KSS Medicines Safety Network event given.
- MHRA alerts noted were: Temporary ban on prescription and supply of puberty blockers extended, Managing risk associated with oxytocin infusions during labour, Use of generic liposomal amphotericin B and Adrenal insufficiency NICE Guidance

Frimley ICS Antimicrobial Stewardship Group:

Discussions for Medicines Board Awareness

- 24/25 contract AMS thresholds are yet to be released by NHS England
- NOF44a: total prescribing of antibiotics items per STAR-PU in primary care. National target at or below 0.871 Frimley ICB current level 0.913. Above target and SE region benchmark. Discussion on reasons for this, suggestion target education to NMPs who do a lot of prescribing.
- NOF 44b: proportion of broad-spectrum antibiotic prescribing in primary care. National target at or below 10%. Frimley ICB 7.9%
- Antibacterial oral to IV ratio (DDD%) (Secondary Care) in the 12 months ending September 2024 Oral DDD 65.8% IV DDDs 34.2%
- Watch & reservice DDS per 1000 admissions (Standard contract) Target 10% reduction from 2017 baseline. Target 1820, current level 2295. Choice of 2017 target has been considered by many as controversial.
- The proportion of amoxicillin 500mg capsule items prescribed by duration. 5 days proportion 60.9% (best performing in region).
- Data shared on pen v, flucloxacillin, doxycycline duration, Frimley 5-day doxycycline rates could be improved.
- Prescribing AB in children remains high. Frimley in highest quartile for number of children prescribed antibiotics per 1000 children.
- Prescribing in UTI in over 70 yrs data good. Higher proportion of nitrofurantoin compared with trimethoprim. Trimethoprim prescribing can still be appropriate depending on organism sensitivity.
- Scabies pathway update: Dr L Linsky held meeting with Dr F Antony to discuss reply from LMC and agree response to following issues: photographs required for referral, after A&G can requesting clinician ask for F2F consultation and ivermectin dose clarification SPC v BAD.

- WAAW plans including Frimley Antimicrobial Newsletter (FAN) and quiz. Originated as hospital only but may become a pan ICS information instrument. https://sway.cloud.microsoft/KL9Ge2U7BEW6mLU0?ref=Link
- SCAN and secondary care antimicrobial guidance transitioned to the Eolas app from Microguide.
- Work with Epic evolution ongoing but position of pharmacist analyst still unfilled.
- Penicillin DE labelling. This is being piloted at FPH presently. Up to now unplanned de-labelling has happened at WPH. There is evidence that de-labelling can also be undertaken in primary care without necessarily a physical antibiotic challenge.
- Non specialist workloads of antimicrobial pharmacists in relation to patient flow still impacting specialist work.
- Ward rounds with Registrar and ABX pharmacist have restarted at WPH. These are mostly virtual but some 'boots on the ground' rounds are also taking place.
- An earlier audit undertaken by rotational microbiology F1 doctors showed that ~40% of IV metronidazole use was unnecessary. The current Dr/ABX pharmacist
- team have shown that >50% of IV metronidazole may be unnecessary.

Pharmacy Workforce Group

Discussions for Awareness

- Success in bid for national 'Teach and Treat' programmes around funding to support Designated Prescribing Professionals (DPPs) and trainees particularly in community pharmacy studying to become non-medical prescribers (NMPs). Anticipation that funding to come early in 2025. Expressions of interest (EOIs) invited from local community pharmacy

Frimley Community Pharmacy

Discussions for Awareness

- **4/5 CP PCN Engagement Leads recruited. 2nd meeting with Leads and LPC was on 15 Nov 24.**
- **At the offer stage- In the process of employing a community pharmacy integration project manager to support with the IP pathfinder predominantly as well as PCARP requirements.**
- **In the process of agreeing a Frimley PERT supply process to address the shortages - locally commissioned services or provision of stock**
- **2023 Pharmacy Workforce Survey results- not great reading and highlights the many pressures faced by community pharmacy and their workforce, such as:**
    - Nearly all community pharmacy team members report that staff shortages have led to longer waiting times for patients and increased pressure on staff.
    - 62% of pharmacy staff report that staff shortages have led to a reduced ability to offer services or advice to patients in need.
    - Almost all (92%) pharmacy staff members report they are not coping well because of the workload, with 85% of team members also saying it's hard to cope because of problems sourcing medicines, and over half reporting patient abuse.
    - Three quarters of pharmacy owners state that finding permanent staff is increasingly difficult

- **Pharmacy collective action ballot [carried out by the National Pharmacy Association (NPA)] results have been released. Around 63.5% of NPA members in England, Wales and Northern Ireland took part in the ballot, representing 3,399 community pharmacies in total and have voted in favour of taking collective action, according to the ballot results. Potential withdrawal of services outside of CPCF essential services such as LCS and opening hours reduced to core contracted hrs. Do we need to add CP collective action to the risk register? Further info can be found here: https://www.pharmacymagazine.co.uk/profession-news/pharmacies-poised-to-take-collective-action-after-npa-ballot-result**
- **Funding- single activity fee is decreasing due to Rx and services volume increasing and no increase in funding and a fixed global sum that cannot be exceeded (Nationally Rx volume increasing by 4% YoY). Need to escalate these concerns nationally to NHS England**

Other Decisions / Discussions

Wegovy Pass Through Payments to FHFT
With block contract in place, FHFT negatively impacted if Wegovy prescribed in line with prioritisation criteria. This is a disparity compared to a private provider or cross-border patient treatment where costs would be met by Frimley ICB. System Resourcing Group (SRG) has agreed to that this be addressed, Wegovy prescribing by FHFT is now being treated as 'pass through' removing disincentive for implementing NICE TA

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South East Regional Medicines Optimisation Group (SERMOG) Policy recommendations
The following SERMOG Policy recommendations were approved for adoption within Frimley ICS:
SERMOG-02 Overarching policy on licensed doses or dosing schedules of high-cost drugs not considered in NICE Technology Appraisal (TA) guidance
SERMOG-03 Overarching policy on switching between biosimilars
SERMOG-04 Compact oral nutritional supplements for adults

Chronic Kidney Disease collaborative working Project approved:
Health Innovation Network (HIN) Oxford and Thames Valley – chronic kidney disease (CKD) project starting soon involving collaborative work with Boehringer Ingelheim as industry partner. One of four strands within the national cardiovascular disease (CVD) programme intended to improve outcomes specifically for CKD patients by increasing use of urine albumin-creatinine ratio (uACR) testing, diagnosing and coding, treatment optimisation and reduce/delaying need to progress to renal replacement therapy. This work would also support dialysis move from specialist commissioning to local commissioning next year.

CMDU Service update
New home infusion partner Inizios will be replacing the service that Pharmaxo withdrew from earlier in the year enabling our CMDU service to revert back to offering both oral and infusion treatment options for patients.