**Nottinghamshire Area Prescribing Committee Formulary Meeting Minutes Thursday 27th February 2024: The meeting took place as a web conference using Microsoft Teams.**

**All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet with all names included unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.**

**Present: -**

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| **Laura Catt (LC) (Chair)** | **Prescribing Interface Advisor** | **NHS Nottingham & Nottinghamshire ICB** |
| **Ann Whitfield (AW)** | **Patient Representative** | **Nottingham & Nottinghamshire ICB local population** |
| **David Kellock (DK)** | **Consultant in Sexual Health and SFHT DTC Chair** | **Sherwood Forest Hospitals NHS Foundation Trust** |
| **Katie Sanderson (KS)** | **Patient Representative** | **Nottingham & Nottinghamshire ICB local population** |
| **Jennifer Moss Langfield (JML)** | **GP** | **City PBP, Nottingham & Nottinghamshire ICB** |
| **Asifa Akhtar (AA)** | **GP** | **South Notts PBP, Nottingham & Nottinghamshire ICB** |
| **David Wicks (DW)** | **GP** | **Mid Notts PBP, Nottingham & Nottinghamshire ICB** |
| **Deborah Storer (DS)** | **Medicines Information Manager and D&T Pharmacist** | **Nottingham University Hospitals NHS Trust** |
| **Mark Clymer (MC)** | **Assistant Chief Pharmacist** | **Sherwood Forest Hospitals NHS Foundation Trust** |
| **Steve Haigh (SH)** | **Medicines Information and Formulary Pharmacist** | **Sherwood Forest Hospitals NHS Foundation Trust** |
| **Hannah Sisson (HS)** | **Principal Pharmacist, Adult Mental Health Community Teams** | **Nottinghamshire Healthcare NHS Trust** |
| **Fatima Malik (FM)** | **Practice-based pharmacist** | **Nottinghamshire locality** |
| **Georgina Dyson (GD)** | **Advanced Nurse Practitioner** | **Nottingham CityCare Partnership** |
| **Nicola Jay (NJ)** | **Deputy Medical Director** | **NHS Nottingham & Nottinghamshire ICB** |
| **Shelly Herbert (SHe)** | **Practice Nurse** | **Musters Medical Practice** |

**Observing:**
Jennifer Jones, Specialist Clinical Pharmacist, Therapeutics and Medicines Finance, Nottingham University Hospitals NHS Trust (NUH).
Izahiuwa Iredia, Gbekeloluwa Lapite, Declan Glover, Trainee Pharmacists, Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).
Ali Neelam, Medicines, Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB **(**NNICB).
Shergill Sukhraj, Chief Pharmacist, NottsHC.

**In Attendance:**
Dr Neil Nixon, Consultant Psychiatrist, NottsHC, in attendance for agenda item 6a.
John Lawton, Clinical Pharmacy Services Manager, NottsHC, in attendance for agenda item 6a.
Alice Kucher, Pharmacist, NUH, in attendance for agenda item 6b.
Alicia Aldous, Specialist Pharmacist, NUH, in attendance for agenda item 6c.
Dr Rasha Abdel-Fahim Consultant Neurologist, NUH, in attendance for agenda item 6d.

**NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:**
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFHFT.
Karen Robinson (KR), Specialist APC Interface and Formulary Pharmacy Technician.
Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

## 1. Welcome and apologies.

APC members were welcomed, and apologies were noted.

## 2. Declarations of interest

APC members, the attendees and the APC support team made no declarations of interest.

## 3. 10-minute learning session.

SH presented a short learning session on Bad Pharma. The recording and slides will be kept for future training purposes.

## 4. Minutes of the last meeting

The minutes of the previous meeting were accepted as an accurate record, subject to minor amendments.

## 5. Matters arising and action log.

**Matters arising**

**NICE Technical Appraisal (TA)875 – Semaglutide and NICE TA1026 – Tirzepatide for overweight and obesity.**
LK explained that discussions were continuing within the ICB around the implementation of the semaglutide and tirzepatide TA's for overweight and obesity, with various options being explored. Publication for commissioning guidance from NHS England to support implementation is awaited.

**ACTION: LK will keep the APC appraised of any further developments.**

**Cytisine for smoking cessation.**
The NUH cytisine smoking cessation pilot will be launched on 4th March 2025. The parameters are aligned with the NHSE pilot scheme, and full courses of treatment will be provided. Work is ongoing at SFHT. The inclusion of cytisine in updated NICE guidance on smoking cessation (NG209) was highlighted and it was understood that progress is being made on enabling access to pharmacological interventions via community- based smoking cessation services.

**ACTION: Representatives from NUH and SFHT will keep the APC informed of future developments.**

**Calcifediol for vitamin D replacement**
LB provided a background update for the calcifediol (Domnisol) for vitamin D replacement submission previously presented at the APC meeting in December 2024.

The following is an excerpt from the minutes:
*'APC members struggled to identify calcifediol's place in therapy for the wide range of conditions listed but agreed to some extent that there might be a place for it in therapy for the treatment of liver disease patients who were not able to absorb colecalciferol; however, it was felt that further information and a prescribing criterion were required before making a formal decision.'*
LB explained that current evidence does not show a significant advantage for calcifediol in patients with liver disease and therefore this specific indication has been removed from the submission.
APC members agreed that it did have a place for treatment-resistant patients, although they acknowledged that compliance was a problem generally for Vitamin D.

APC members agreed with an AMBER 2 classification, with Specialist Initiation following two failed vitamin D courses within 6 months.

**ACTION: LB to include this information in the guideline. LB to update the Joint Formulary once the changes have been made to the guideline.**

**Heylo**
Some members raised concerns over December's approved Heylo submission, noting that the Joint Formulary entry did not accurately reflect that Heylo was agreed for use only as a pilot scheme. Due to concerns that patients could be initiated and continue to use Heylo for a lifelong duration, additional details will be added to the Joint Formulary. Additionally, the committee requested the audit criterion from the submitters for information on what data will be collected for the future review.

**ACTION: LB to add further clarity to the Joint Formulary. LB to request an audit criterion.**

**Action log:**

**Spironolactone liquid preparations**– it had been confirmed that Secondary Care trusts intended to switch from the unlicensed preparation to the licensed suspension, Qaialdo. This is licensed for children of all ages including neonates and is currently the most cost- effective product available.

**ACTION: LK to update the Joint Formulary entry.**

**Riluzole**- Non-tablet formulations of riluzole are restricted to patients unable to take tablets, but tablets continue to be significantly more expensive. A national cost efficiency had been identified suggesting significant savings if riluzole tablets were switched to liquid or orodispersible formulations. LK had discussed this option with ICB colleagues, but it was decided against adopting a riluzole switch due to the current category A discount received and potential for future price decreases. The price will be reviewed in April 2025 and this decision will be revisited then.

**ACTION: LK to return the item for discussion should anything significant arise from the April price review.**

All other items had been actioned or were on the agenda.

## 6. New applications

### a) Antipsychotics for depression.

LK presented the formulary submission for the off-label use of antipsychotics for Treatment-Resistant Depression (TRD). TRD is usually defined as a failure to respond to two adequate courses of antidepressants within a specified episode of depression. The submission reflects current practice and is aligned with NICE guidance (NG222). Historically, prescribing for TRD has routinely been passed to Primary Care once patients are stable; however, use for this indication is not listed on the Joint Formulary. Currently, antipsychotics for chronic or TRD are initiated and stabilised in Secondary Care Mental Health Services. Effective antipsychotic doses for chronic or TRD tend to be lower than those used to treat psychosis and psychotic depression, which is significant because higher doses lose selectivity, resulting in reduced dopamine transmission and the potential to worsen depression.

The requested medications were amisulpride, aripiprazole, olanzapine, risperidone and quetiapine MR tablets. Quetiapine MR is licensed for TRD, but this indication is off-label for the other antipsychotics.

Consultant Psychiatrist Dr Neil Nixon attended the meeting to support the submission and to answer questions. Dr Nixon explained that augmentative treatment is common practice nationally and confirmed that all initiations and discontinuations of medication will be completed face- to- face by NHCT. Generally, treatment length is 6-12 months for uncomplicated cases, and, as per NICE, a 6-12 - month review is considered standard practice for any antidepressant.

Members agreed to an AMBER 2, specialist initiation classification, but this was conditional on the antipsychotic prescribing guidance being updated to reflect the additional formulary indications and doses for off-label indications.

**ACTION: NHCT will update the guideline and bring it to the APC meeting in March for approval.**
**JML, as an APC GP representative, will arrange to meet with Dr Neil Nixon to discuss GPs' concerns regarding antidepressant reviews.**

### b) Trifarotene cream for acne.

LK presented the formulary submission for trifarotene cream (Aklief®), a topical retinoid for acne. The submission request was for a GREEN classification and for trifarotene to be an alternative option to adapalene. Trifarotene is available in a larger pack size, which might offer an advantage for patients with truncal acne.

APC members agreed with a GREEN classification, in line with other preparations for acne, and requested that trifarotene be added to acne prescribing guidance.

**ACTION: LK to update the Joint Formulary and prescribing guidance to reflect the GREEN classification.**

### c) Deflazacort for Duchenne muscular dystrophy (DMD).

LK updated the APC on the formulary submission for deflazacort use in patients with DMD. Deflazacort had previously been presented at the December APC meeting, with an action to return the item for further consideration.

Since the December APC meeting, NICE had published a positive TA for vamorolone, which is a significantly more expensive treatment option than deflazacort or prednisolone. Although this will be funded via NHS England and prescribed from Secondary Care, deflazacort would be a more cost-effective treatment option for the wider NHS as an alternative to vamorolone. It had been confirmed that there is no published National guidance about treatment options; however, the general opinion from the NorthStar Network is for both prednisolone and deflazacort to be available as first-line treatment options.

Currently, the first-line treatment at NUH is with prednisolone which, due to adverse effects, in some patients creates problems with adherence. It was requested that deflazacort be available as an alternative treatment option if there are concerns about prednisolone-related undesirable effects. This usage of deflazacort for DMD was agreed, with an AMBER 2 classification. It was confirmed that patients will stay under the care of the specialists and have a six-monthly review as part of the North Star Clinical Network.

**ACTION: LK to update Joint formulary to reflect the AMBER 2 classification.**

**d) Amantadine and modafinil for fatigue in Multiple Sclerosis (MS)**

LK presented the formulary submission for amantadine and modafinil for fatigue in MS. LK explained that lifestyle measures are used first- line, and patients are directed to an online Fatigue Management course hosted by the MS society. However, for some patients, these interventions are insufficient.

Amantadine is currently listed on the formulary for Parkinson's disease and modafinil for narcolepsy. Both amantadine and modafinil are classified as AMBER 2. Although off-label for the treatment of fatigue in MS, NICE guidance lists amantadine and modafinil as treatment options alongside SSRIs. NICE guidance implies that the Specialist should prescribe the initial treatment, stating that once a person with MS is stabilised on a dose for fatigue, subsequent prescriptions can be issued by another prescriber as part of a shared-care agreement under the direction of the initiating specialist prescriber.

Dr Rasha Abdel-Fahim joined the meeting to support the submission and answer questions. Although patient numbers were expected to be low, clinicians raised concerns regarding the additional workload in general practice, due to the monitoring requirements of modafinil. The shared- care Locally Enhanced Service (LES) agreements were currently under discussion by the ICB, and modafinil was included in the list of medications for consideration for inclusion in the LES.

In line with the current classifications for other indications, APC members agreed with an AMBER 2, Specialist- initiation classification for this indication, but requested that the modafinil prescribing information sheet be updated first. It was requested that particular attention be paid to responsibilities regarding management of patients of childbearing potential in light of the risks associated with its use during pregnancy.

**ACTION: LK will work alongside Dr Rasha Abdel-Fahim to update the current modafinil prescribing information sheet. This will be brought to the March APC guideline meeting for ratification.**

## 6. Formulary amendments

The formulary amendments were presented by LK.

### (a) FOR INFORMATION – Log of minor amendments completed.

**GREY**

- alogliptin/metformin combination product – sitagliptin is the preferred gliptin locally.
- triamcinolone with chlortetracycline ointment (Aureocort) – discontinued.
- colecalciferol 2000 units/ml drops- not included in local Prescribing guidance and there have been adverse events associated with this product nationally.

**GREEN**

- Meningococcal vaccine additional brand, MenQuadfi has been added to the Green book.

**AMBER 2**

- Fortisip Compact Protein, not previously classified.
- Aymes ActaSolve Protein Compact sachets added as a cost-effective alternative to Fortisip Compact protein in Primary Care.

**Other**

- Aymes Actagain 600 has had a name change to Aymes Actagain 2.4 Daily.
- Actasolve Smoothie, Aymes Shake Compact, Actacal Crème, Actagain 2.4 and Actagain 2.4 Daily entries have all been updated to include the current flavour options.
- Testavan (testosterone transdermal gel) refill pack has been added to the Joint Formulary. This is equivalent in cost to the standard pack but offers a more sustainable option as it does not contain the non-recyclable applicator.

### (b) FOR DECISION – Suggested amendments

**AMBER 3**

- Silver dressing: Atrauman Ag and Aquacel Ag reclassified in line with the Wound Infection guideline ratified at APC in November 2024.
- Octenillin wound irrigation solution reclassified in line with the Wound Infection guideline ratified at APC in November 2024.
- Flaminol Forte/Hydro reclassified in line with the Wound Infection guideline ratified at APC in November 2024.

**GREY**

- Sitagliptin/metformin combination product- it is now more cost-effective to prescribe individual constituents separately.
- Glyxambi; empagliflozin/linagliptin combination product- sitagliptin is the preferred gliptin locally.
- Synjardy; empagliflozin and metformin combination product- not felt to offer a significant advantage over individual constituents and reduces ability to titrate doses easily.

**ACTION: LK/KR to update the agreed Joint Formulary entries.**

## 7. Horizon Scanning

The horizon scanning was presented by LK.

- **(a) New Horizon Scanning publications for review**

**AMBER 2**

- FreeStyle Libre® 3 Plus. This will replace the FreeStyle Libre 3 that will be discontinued in September 2025. These sensors are used for hybrid closed loop systems only and it was requested that this be highlighted via Optimise Rx and the SystmOne formulary.

**RED**

- Nevolat (Liraglutide) and Biolide (Liraglutide) 6 mg/ml solutions for injection in pre-filled pens. These are generic versions of Saxenda which are licensed for the treatment of obesity. Use of liraglutide for obesity is restricted to Specialist Weight Management services.

**GREY**

- Misabri PR (pregabalin prolonged-release) tablets in various strengths are less cost-effective than the immediate- release preparation.

**GREY no formal assessment**

- Aprocitentan
- Intranasal adrenaline
- Intranasal dihydroergotamine
- Inhaled levodopa
- Insulin icodec
- Elinezanetant
- Buccal diazepam
- Ospolot (sultiame) 20 mg/ml Oral suspension
- Cequa (ciclosporin) 0.9 mg/ml Eye drops (0.09%)
- CareSens Air® Sensor
- Olezarsen
- Blarcamesine
- Winlevi (clascoterone) 10 mg/g cream
- Colchicine (Lodoco®) for CV risk reduction

**ACTION: KR to update the Joint Formulary entries.**

- **(b) New NICE guidelines**
  - Asthma pathway (BTS, NICE, SIGN); NICE guideline NG244. This pathway brings together recommendations on diagnosing, monitoring and managing asthma in adults, young people and children, as well as managing difficult and severe asthma and acute asthma attacks.
  - Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) – guidance NG245. The guideline covers diagnosing, monitoring and managing asthma in adults, young people and children.

These NICE guidelines have been highlighted to the ICB respiratory group leads. APC guidance is currently being updated and is expected to be presented at APC in March 2025.

- Tirzepatide for managing overweight and obesity- guidance (TA1026)
- Overweight and obesity management – guidance (NG246)

A position statement is available on the Joint Formulary regarding the current status of tirzepatide. Commissioning work is ongoing within the ICB. APC will be updated on any proposed changes to current practice.

- Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years - updated guidance (NG247).

The NICE guideline update has been highlighted to LB, who is currently updating the Vitamin D guidelines, and to Matt Lawson, the Medicines Optimisation Specialist dietician. APC will be updated on any proposed changes to current practice should they arise.

- Tobacco Dependence: preventing uptake, promoting quitting and treating dependence- updated guidance (NG209). This guidance has been updated to include cytisine (cystinicline) as a medicinally licensed product to aid smoking cessation.

Cytisine is available on the formulary for use by smoking cessation services, and work is ongoing to enable access via community services. APC will be updated on any proposed changes to current practice should they arise.

**Generic liraglutide.**
LK provided an update on liraglutide generics. It is expected that there will be at least 3 products available, but currently only Diavic is available. It is likely that they will be of similar price, but there is not yet any information about devices that will be used for the other preparations. Currently Primary Care prescribing systems require liraglutide to be prescribed by brand. Further information is awaited to enable a decision to be made about locally preferred products.

**8. Heart Failure Guideline.**

IV presented the Heart Failure Guideline, which had been brought to the formulary meeting to prevent further delays. JML and IV had worked together to produce a quick- reference version of the full heart failure guideline. Dr Bara Erhayiem, the original author of the full guideline, also approved the quick- reference version.
IV explained that once the guideline was ratified and uploaded, a podcast with Q&As would be delivered. Furthermore, discussions around a future PLT event focusing on heart failure were being explored, and Dr Bara Erhayiem had kindly offered to be an event speaker.

**ACTION: APC members approved the quick- reference guideline. IV to upload the quick-reference guide to the APC website and link in the full Heart Failure Guideline. IV to keep the APC informed regarding the planned PLT events and other actions intended to disseminate the new Heart Failure Guideline.**

**9. Barrier Preparations Formulary.**

KR presented the Barrier Preparations Formulary that had been presented previously at the APC meeting in October, when APC members had requested that products be ordered in first, second and specialist order of use. Additional information about the application and drying time has also been added. APC members requested that guidance around the prescribing quantities be added.

**ACTION: KR to add estimated prescribing quantities to the Barrier Preparations Formulary; the final version to be emailed to members for noting before uploading to the APC website.**

**10. Any Other Business.**

- LK had emailed to APC members a poll for a future training event. It was requested that APC members complete this to enable a date to be confirmed and arrangements made.
- HS explained that this would be her last APC meeting for a while as she was leaving to go on maternity leave. Kuljit Nandhara, Deputy Chief Pharmacist, NHCT will organise an NHCT representative to attend.
- **Antimicrobial Guideline** IV explained that the antimicrobial guideline 'Dermatophyte Infection of the Proximal Fingernail or Toenail' had had a name change, as requested by APC at the previous guidelines meeting. The guideline was now entitled Dermatophyte nail infection (onychomycosis). IV had also updated the Joint Formulary entry for Amorolfine 5% nail lacquer to reflect an AMBER 3 classification as it was only available over the counter (OTC) for patients over eighteen years old.

**11. Next meeting dates.**

APC Guideline meeting: Thursday 27th March 2025 (2pm to 5pm, Microsoft Teams)
APC Formulary meeting: Thursday 24th April 2025 (2pm to 5pm, Microsoft Teams)

Meeting closed at: 17:03