Nottinghamshire Area Prescribing Committee

# Nottinghamshire Joint Formulary Group Meeting Minutes

Thursday 20th August 2020, 2-3.30pm
On line Microsoft teams meeting due to Covid 19

**Present:**
Esther Gladman (EG), GP Prescribing Lead, NHS Nottingham and Nottinghamshire CCG (Chair)
David Kellock (DK) Consultant, Sexual Health, SFHFT
Debbie Storer (DS), Medicines Information Pharmacist, NUH
Steve Haigh (SH), Medicines Information Pharmacist, SFHFT
Hannah Godden (HG), Mental Health Interface Pharmacist, Nottinghamshire Healthcare Trust (deputising for ND)
Lynne Kennell (LK), Interface/Formulary Pharmacist, SFHFT
Steve May (SM), Chief Pharmacist, SFHFT
Sharymar Walker, Interface/Formulary Pharmacist, NUH
Deepa Tailor, Senior Medicines Optimisation Pharmacist NHS Nottingham and Nottinghamshire CCG (deputising for TB)

**In attendance:**
Dr Maura Corsetti, Gastroenterologist at NUH for item 5

**Apologies:**
Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist NHS Nottingham and Nottinghamshire CCG
Laura Catt (LC), Prescribing Interface Advisor, NHS Nottingham and Nottinghamshire CCG
Jill Theobald (JT), Interface Efficiencies Pharmacist, NHS Nottingham and Nottinghamshire CCG
Karen Robinson (KR), APC and Formulary Support Technician, NHS Nottingham and Nottinghamshire CCG
Naveen Dosanjh (ND), Deputy Chief Pharmacist, Nottinghamshire Healthcare Trust
David Wicks (DW), GP and Local Medical Committee.

| Agenda item | Notes |
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| **1. Apologies** | Noted (see above). |
| **2. Declarations of interest** | EG informed the group that a close family member had experienced a potential severe adverse effect of ondansetron. |
| **3. Minutes of previous meeting** | Were accepted as an accurate record of the meeting subject to a minor amendment. |
| **4. Matters arising and Action Log** | **Celecoxib** (Celebrex®) - LK will bring a formal review of the safety of celecoxib to a future JFG.<br><br>**Utrogestan**- Green classification was approved at APC. LK/KR will add to table of menopausal products.<br><br>**Ibandronate**- Amber 2 classification was approved at APC but requires business case for funding approval before being added to the formulary.<br><br>**Methylphenidate/ dexamfetamine/ modafanil for narcolepsy**- Amber 1 classification was approved clinically at APC subject to approval of the Shared Care Protocol. This has been drafted and is on the agenda for September APC. |

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| | Discussions are ongoing regarding GP payments.<br><br>***** All other items were either completed or included on the agenda. *****|
| **5. New applications** | **A) Ondansetron for IBS traffic light reclassification**<br>*Dr Maura Corsetti, Gastroenterologist at NUH joined meeting at 2.30pm*<br><br>A request for traffic light reclassification of ondansetron for IBS with diarrhoea had been received from Gastroenterology at NUH. This indication was classified Red following approval at NUH DTC in 2017. Previous discussions at JFG had indicated that there was no support for GP prescribing because of it being unlicensed, was not common practise and had a lack of extensive trial support. There was also a 10 fold price differential between primary and secondary care at the time.<br><br>Clinical evidence for this indication is limited to a single RCT involving 120 patients with IBS. This showed a statistically significant improvement in diarrhoea and urgency with ondansetron. Ondansetron is not listed in current NICE or British Society of Gastroenterology guidance for IBS and it has been subject to MHRA warnings regarding its use in the first trimester of pregnancy and QT prolongation. Ondansetron costs more than the alternative options of amitriptyline or sertraline but is reasonably priced and the previous price differential between primary and secondary care no longer exists.<br><br>Dr Corsetti explained that there are limited other treatment options for these patients; loperamide usage is limited by pain and eluxadoline has been discontinued. Amitriptyline may be used if patients present with pain, but patients often have reservations about taking it. It is anticipated that ondansetron will be included in the next update of the BSG guidance (publication not anticipated for at least 12 months). A larger clinical trial was underway but it had been stopped prematurely due to recruitment problems caused by Covid-19. Patients are currently attending outpatient appointments every 3 months for prescriptions and it was felt that this was unnecessary. It was suggested that the use of FP10HPs may be an alternative solution. Dr Corsetti explained that ondansetron is started at 4mg on alternate days and the dose gradually increased; most patients respond to doses of 4mg – 12mg daily. The patient profile was discussed in the context of the MHRA warning about use in the first trimester of pregnancy. Dr Corsetti explained that this warning is discussed with females of childbearing potential and ondansetron is not prescribed for those with confirmed or planned pregnancy.<br><br>The JFG had reservations about ondansetron being prescribed in primary care because of it being an unlicensed indication that wasn't yet supported by national guidance. However, the group felt that the decision regarding traffic light reclassification should be made by APC where there are a larger number of primary care prescribers. If approved, it was suggested that there should be an algorithm detailing its place in therapy. It was also requested that the prescribing arrangements at other specialist centres be investigated.<br><br>**Actions: SW to contact other specialist centres eg Leeds, Manchester.**<br>**SW to request prescribing algorithm from submitter**<br>**SW to take to APC** |
| **6. Formulary** | **a) FOR INFORMATION - Log of minor amendments carried out** |

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| **amendments** | Noted<br><br>**b) FOR DECISION - Suggested amendments**<br><br>**Hydramed/ Xailin Night**- NUH have concerns about frequent use of Hydramed because of additional excipients. Xailin night preferred as product of choice. Eye lubricants guideline will be updated.<br><br>**Aripiprazole 1mg/1mL oral solution**- to add to formulary for patients unable to use dispersible tablets as dose is <10mg.<br><br>**Sumatriptan 3 mg/0.5 ml solution for injection in pre-filled pen**- to not specify strength on formulary to allow use of most appropriate strength for patient.<br><br>**Diflucortolone**- to reclassify as grey due to discontinuation.<br><br>**Aymes Actagain 2.4 Complete**- to add to formulary with an Amber 2 classification.<br><br>**AYMES ActaSolve Smoothie-** to add to formulary with an Amber 2 classification.<br><br>**c) FOR INFORMATION: MHRA or other safety bulletins**<br><br>The MHRA bulletin regarding cyproterone was highlighted. NottsHC specialists had confirmed that this isn't used locally for hypersexuality. It was suggested that there may be some historical prescribing for hirsutism that may need reviewing.<br>**Action: LK to obtain epact for cyproterone**<br><br>**Action: LK to take to APC** |
| **7. Horizon scanning** | **a) New publications for review**<br><br>All recommendations were agreed. Hydrocortisone soluble tablets to be discussed with Jill Theobold.<br><br>**b) NICE Evidence summaries**<br><br>**Sotagliflozin** (SGLT2/1) TA622, Feb 2020 - not yet available in the UK,<br>**ACTION:**<br>**KR to check launch date and price prior to APC**<br><br>**Action: KR to take to APC** |
| **10**. **Dates of future meetings** | **Next meeting:** 22th October 2020 2-5pm, via Microsoft teams |
| **11. Any other business** | Enoxaparin- LK informed the group that NUH had updated their guidance regarding prophylactic enoxaparin doses at extremes of body weight. APC guidance is currently being reviewed to reflect the changes.<br><br>Propranolol liquid- DS sought opinion on a rationalisation of strengths to include only the 5mg/ 5ml for infantile haemangioma and 50mg/5ml for other indications. The JFG agreed.<br><br>Slow K- DS informed the group that a review of prescribing at NUH had indicated some use in paediatric nephrology therefore the current grey classification was |

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| | not appropriate.<br>**Action: LK to take to APC and request a red classification pending review of current primary care prescribing and assessment of potential implications.**<br><br>**Steroid Card-** DS highlighted recent communication about a new steroid card. LK agreed to look into further.<br><br>Clonidine in Tourette's syndrome- HG had received some queries from primary care as clonidine is classified Red for indications other than menopausal symptoms. She requested feedback regarding a potential Amber 2 classification as this is an unlicensed indication, but is listed in the BNF. It was requested that neurology advice be sought.<br>**Action: LK/ HG to discuss support for an Amber 2 classification.** |

The meeting finished at 3.35pm