South East London Integrated Medicines Optimisation Committee
17 February 2022 (Meeting held via MS Teams)
Final Minutes

1. Welcome, introductions and apologies

The Chair welcomed attendees to the meeting followed by a round of introductions. Apologies were noted.

2. Conflict of interests – declarations and DOI refresh

The Chair asked that any conflicts of interest with the meeting agenda be declared and that any outstanding annual declarations be returned. No conflicts were raised.

3. Notes of the last meeting and action log:

The minutes were accepted as an accurate record pending corrections to a few minor grammatical typos. Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed.

4. Guidance on prescribing and dispensing insulin safely

The author was in attendance to present this item. The guide has been updated in line with previous discussions in September 2021, regarding the importance of including dispensing insulin as original packs within the guideline to minimise the risk of medication errors by patients. The guideline has been updated to include a section advising that the insulin prescribed is sufficient to meet the patient's needs.

A comment was raised regarding the importance of including the dispensing of insulin original packs (3 or 5 pens) and where this is not possible, the importance of the Community Pharmacists including a patient information leaflet (PIL) with spilt packs.

The Committee ratified the guideline by consensus pending the inclusion of the original pack dispensing recommendation.

ACTION: Guidance to be updated as per discussion and progressed for ratification via Chair's action.

5. Updated Home Medicines and First Aid Kit (Covid edition) patient information leaflet

The author presented this item, which was previously approved via the urgent triage process to support the COVID-19 pandemic response. The minor amendments to the patient information leaflet (PIL) were noted as per the list of amendments provided within the agenda pack. Committee members raised some minor comments and formatting feedback which the author will review.

The Committee ratified the PIL by consensus pending updates in line with the discussion. Committee members noted imminent updates could become available regarding the national COVID-19 self-isolation guidance, in which case the PIL should be updated accordingly.

ACTION: PIL to be updated as per discussion and national self-isolation guidance (if available) and progressed for ratification via Chair's action.

6. Formulary recommendations:

- New: Hydrocortisone (Alkindi®) granules in capsules 0.5mg,1mg, 2mg for replacement therapy of adrenal insufficiency in paediatrics
- Updated: Recommendation 097: Cariprazine hydrochloride (Reagila™) for the treatment of schizophrenia in adults (recategorisation from Red to Amber 2)

The Committee ratified the formulary recommendations by consensus.

7. Updated Clinical Effectiveness South East London (CESEL) guide approval process

The CESEL lead was in attendance and presented this item. The CESEL guide approval process has been updated based on the learnings from the first tranche of CESEL guides.

The Committee noted the CESEL diabetes guide will require an update in line with the recently updated NICE Type 2 diabetes guideline. The IMOC guidance on blood glucose control will be reviewed and the medicines section of the CESEL diabetes guide updated accordingly. In view of this, a cautionary statement will need to be added to the CESEL guide which the IMOC diabetes subgroup leads are liaising with supporting the CESEL team on.

Additionally a Committee member suggested a statement is added to the CESEL guide sign off process for instances where new/updated NICE guidance becomes available. The Committee ratified the CESEL guide sign off process and approved the addition of the suggested statement by consensus.

ACTION: Author to add statement to the CESEL guide sign off process.

8. Request for new formulation: Saliva Stimulating Tablets (SST®) to be added to SEL formulary and categorised as Amber 1 or Green

The Lead Formulary Pharmacist presented this item which requests use within the Oral Medicine Unit at GSTT. The Lead Formulary Pharmacist responded to queries from Committee members and confirmed that this practice is currently occurring, and GPs are currently being requested to continue prescribing.

The Committee agreed by consensus the inclusion of SST® within formulary for use by Oral Medicine at GSTT as an Amber 1 (initiation in primary care after specialist recommendation) medication.

ACTION: SST® to be added to the SEL Joint Formulary as an Amber 1 medication for GSTT only (Oral Medicine).

9. Doxylamine succinate 10mg and pyridoxine hydrochloride 10mg tablets (Xonvea™) for treatment of nausea and vomiting in pregnancy in those intolerant of or failing on first line antiemetics

This formulary submission has been submitted by a Consultant Obstetric Physician at GSTT and supported by KCH and LGT. The application requests for the use of doxylamine succinate 10mg and pyridoxine hydrochloride 10mg tablets (Xonvea™) for the treatment of nausea and vomiting (N&V) in pregnancy in those intolerant of or failing on first line antiemetics. Xonvea™ is the only licensed antiemetic in pregnancy and will be prescribed to patients who have not responded to conservative management including lifestyle and dietary advice and other pharmacological interventions.

- **Evidence review**

The Formulary Pharmacist presented an overview of the efficacy evidence for the use of Xonvea™ in this setting which was provided within the agenda pack. The information presented also included the estimated resource impact for Xonvea™ which is based on an average of 3.61 tablets per day for 8 weeks. The resource impact of the submission is within the financial threshold that the Committee is authorised to approve.

- **Applicant's presentation**

The applicant and Specialist Pharmacist for Women's Services at GSTT was in attendance to present the submission and field any questions. The applicant confirmed that Xonvea™ is considered as a second or third line option when other therapies have failed, and the average duration of treatment is 8 weeks based on their current experience.

- **IMOC discussion after departure of presenter:**

Committee members ratified by consensus the formulary inclusion of Xonvea™ as a third line option for the management of nausea and vomiting in pregnancy, categorised as Amber 2 (specialist initiation)

alongside outcome data to be presented back to the Committee in 12 months (time limited recommendation).

ACTION: Formulary recommendation to be developed and presented at next meeting.

10. South East London treatment pathway: Anti-epileptic drug (AED) therapy for focal epilepsy in adults

The author was in attendance and presented this item with support from the KCH Formulary Pharmacist. The pathway has been updated in line with the recently published NICE technology appraisal (TA) guidance on cenobamate for treating focal onset seizures in epilepsy. Updates were also made in relation to MHRA guidance relating to sodium valproate. It was noted that in terms of resource impact, NICE do not expect their guidance to have a significant resource impact as this agent represents a new therapy amongst existing similarly priced agents.

A request was made to the Committee to consider an Amber 2 category (specialist initiation) for cenobamate in line with other anti-epileptic drugs (AED) in SEL. Cenobamate would be initiated in secondary care, titrated to a maintenance dose and then transferred to primary care after a minimum of 3 months.

The author responded to queries from Committee members which focused mainly on routine monitoring of AEDs in primary care. The lead borough and author will liaise to update the wording around monitoring. The lead borough will follow up on a query raised during consultation about the use of IT systems to coordinate blood monitoring in primary care. Minor formatting amendments were also requested.

ACTION: Pathway to be updated as per discussion and presented back at a future SEL IMOC meeting.

11. The identification, treatment and management of malnutrition in adults, including the appropriate prescription of Oral Nutrition Supplements (including appendices)

The authors were in attendance to present this guideline which has been developed to support the appropriate prescribing of ONS in primary and secondary care.

The authors responded to queries from Committee members which focused on the structure of the guidance, including the order in which the flowcharts are presented. A suggestion was also provided on the inclusion of the MUST tool within the key recommendations. The authors confirmed that the implementation of the guideline across SEL will be via educational webinars, use of the SEL bulletins and the team is hoping to create short videos on how to use the flowcharts within the guideline which could be uploaded on the CCG's website. The guideline will be reviewed on an annual basis to factor in price changes and new product availability.

Committee members thanked the authors for developing a comprehensive guideline.

Committee members agreed the amended version of the guideline should be presented at the next available SEL IMOC meeting.

ACTION: Guideline to be amended as per discussions and presented at a future IMOC meeting.

12. Updated South East London Inflammatory Bowel Disease (IBD) pathways and outcomes monitoring framework

The GSTT Senior Specialist Pharmacist for Gastroenterology and member of the IBD subgroup was in attendance and presented this item. The changes to the pathway and outcomes and monitoring framework are highlighted within the agenda pack.

Committee members requested that information reminding primary care prescribers to reconcile hospital prescribed biologics within primary care patient records within the biologics pathways would be

useful. Committee members approved the pathway and outcomes and monitoring framework by consensus pending minor amendments as discussed.

ACTION: Pathway to be amended as per discussions and progressed for ratification processes via Chair's action.

13. Inflammatory Bowel Disease proposals dual biologic therapy and escalated anti-TNF dosing in Crohn's disease

The GSTT Senior Specialist Pharmacist for Gastroenterology was in attendance and presented these proposals which have been developed and approved by the IBD subgroup of the committee. For both proposals, patients have been managed via the Individual Funding Request (IFR) process, however the proposals aim to prevent the need for submission of IFRs given there is a patient cohort.

- Dual biologic therapy in Crohn's disease

Dual biologic therapy (intravenous infliximab/subcutaneous adalimumab + vedolizumab or ustekinumab) is being requested for patients whose Crohn's is refractory and requires biologic therapy with 2 different mechanisms of action for example perianal and luminal Crohn's disease and have otherwise exhausted all other treatment options. Dual biologic therapy would prevent this cohort of patients requiring advanced therapies such as stem cell treatment. Detailed criteria on use of combination biologics in this setting is provided within the proposal which includes stopping criteria.

- Escalated anti-TNF dosing in Crohn's disease

The off label use of escalated anti-TNF dosing (infliximab and adalimumab) in Crohn's disease, will be of benefit to patient cohorts already established on an anti-TNF therapy and will be guided by therapeutic drug monitoring.

The presenter fielded queries from Committee members this included confirming that in terms of safety patients are closely monitored and outcomes will be reported through the IBD subgroup. It was clarified that these patients experience partial response to the licensed dose of anti-TNF, however due to their type of Crohn's disease e.g. upper GI, restrictive or perianal disease, continued use of anti-TNF therapy at an escalated dose will be of benefit as opposed to switching to a different biologic class.

The presenter reported that patient numbers will be low for both proposals and monitoring and outcomes will be undertaken through the IBD subgroup. The resource impact of each proposal is within the financial threshold that the Committee is authorised to approve.

Committee members approved the dual biologic therapy and escalated anti-TNF dosing in Crohn's disease proposals by consensus.

14. Standing items

- Formulary submissions tracker

Noted.

- NICE Technology Appraisal (TA) Guidance Summary

The summary was noted and Red, Amber, Green, Grey (RAGG) categories were agreed by consensus for NICE TAs published since the last meeting.

IMOC dates for next 3 months

Date	Time	Venue
17th March 2022	2:00pm – 4:30pm	MS Teams
21st April 2022	2:00pm – 4:30pm	MS Teams
19th May 2022	2:00pm – 4:30pm	MS Teams