South East London Integrated Medicines Optimisation Committee Meeting
21 July 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 and observers 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. Detailed action notes of the last meeting, minutes and action log:

The action notes and minutes were accepted and approved as an accurate record pending corrections to minor grammatical errors.

Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed.

4. Antipsychotic long-acting injection use in primary care results from the survey and next steps

The SLaM lead presented this item, which supports the SEL IMOC 2022/23 workplan aiming to better understand the views of GPs, mental health teams and patients regarding depot antipsychotic prescribing in schizophrenia under shared care.

A survey was conducted by SLaM in November 2021 with support from Lewisham borough to provide an overview of the attitudes of primary care clinicians, SLaM community teams and patients towards the provision of long-acting injection (LAIs) in primary care. The results of the survey also aim to identify and resolve any barriers to the prescribing and administration of LAIs in primary care. The key highlights from the survey were presented to the Committee.

The main limitation to the survey (small sample size across SEL) - was noted, as this may not entirely represent the views of all GP practices, SLaM community teams and patients across SEL.

One of the key challenges highlighted through the survey from a GP perspective in regards to the prescribing and administration of LAIs in primary care was in relation to the safety aspects. Patients prescribed LAIs tend to be more complex, and the SLaM community teams /Mental Health Trusts have the clinicians and resources to best mange this cohort of patients. However the Committee also noted, there are many patients under the community mental health teams who would like to receive their LAIs in primary care, which also provides a great opportunity to ensure physical health checks occur for this patient cohort. The presenter outlined that it is important for consideration to be given on the management of these patients in primary care so that they are not institutionalised and not continually managed in hospital.

With respect to next steps in response to the survey, SLaM are hoping to investigate solutions to the barriers in prescribing LAIs in primary care and increase the confidence of GPs through a pilot in Lambeth, Lewisham and Southwark GP practices.

Committee members noted the survey results and agreed by consensus an update in 6 months to the Committee on progress with the pilots would be helpful, which should include any learning which can be applied to general shared care of medicines in SEL.

ACTION: An update on the SLaM antipsychotic LAI pilot in primary care in 6 months.

5. Re-presentation of guidance and poster on the treatment of depression in women who are pregnant or planning pregnancy

The author was in attendance to re-present this item which has been updated in line with discussions from the April SEL IMOC meeting. Minor comments were raised regarding formatting and grammatical changes to the guideline and poster including updates to hyperlinks.

The Committee approved the guideline and poster by consensus pending updates in line with the discussion, pending the minor amendments.

ACTION: Authors to update guidance and poster in line with the discussion and progress for ratification via Chair's action.

6. Re-presentation of dermatology guidelines for primary care

The Borough lead for dermatology presented this item which has been updated in line with the discussions at the June SEL IMOC meeting.

Additional comments were received post consultation which included the rationale for including Picato™ within the guideline, as the product is no longer available and is still listed in the local formulary. The Committee agreed Picato™ should be removed from both the guideline and the local formulary.

A comment was raised regarding the inclusion of Enstilar™ as a treatment option and an update to the formulary recommendation for Enstilar™ would be required in line with the updated summary of product characteristics (SPC) which recommends the use of Enstilar™ on non-consecutive days when used for maintenance therapy. An additional comment was raised relating to the inclusion of a sentence which advises the referral of patients with specific dermatological conditions to sexual health services where appropriate.

The Committee approved the dermatology guidelines for primary care pending updates in line with the discussion.

ACTION: Dermatology guidelines for primary care to be updated in line with the discussion and progressed for ratification via Chair's action.
ACTION: Enstilar™ formulary recommendation to be updated in line with the discussion

7. Formulary recommendation - Apixaban (Eliquis™) 2.5mg tablets as a second line option where vitamin K antagonist (VKA) therapy is inappropriate in adults undergoing haemodialysis for:
(i) the prevention of recurrent venous thromboembolism (VTE) **or**
(ii) the prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation (AF)

The recommendation was drafted following the formulary application at the June 2022 SEL IMOC meeting. Minor formatting amendments have been received via the Triage Panel.

Committee members approved the formulary recommendation by consensus.

ACTION: Outcome data to be presented back to the Committee in 12 months

8. Two formulary submissions relating to insulin preparations in paediatrics:

I. **Insulin degludec (Tresiba™)** for the treatment of diabetes mellitus in adolescents and children aged 1 year and above
II. **Insulin aspart (Fiasp™)** as 2nd line treatment for of diabetes mellitus in adolescents and children aged 1 year and above

These formulary submissions originate from the Evelina London Children's Hospital led by Consultants in Paediatric Endocrinology and Diabetes and Clinical Leads in Diabetes.

The first application requests the licensed use of Tresiba™ for the management diabetes mellitus for paediatric patients as the:

- First line insulin for patients aged over the age of 12 years
- Second line insulin for patients over 1 year of age in whom insulin glargine or Levemir™ is not providing adequate long acting insulin cover

The second application requests the licensed used of Fiasp™ for the management of diabetes in children and adolescents who find waiting 15-20 mins pre-meal following conventional injections as a 2nd line fast acting insulin where the following criteria are met:

- Children on pumps, failing on conventional fast acting insulin
- Children with late post prandial hypoglycaemia
- Children with high HbA1c (>72mmol/mol)

Ø **Evidence review**

The Formulary Pharmacist presented an overview of the efficacy evidence for the use of Tresiba™ and Fiasp™ in each setting, the detailed review was provided within the meeting agenda pack. The information presented also included the estimated resource impact for Tresiba™ and Fiasp™, the resource impact of the submission is within the financial threshold that the Committee is authorised to approve.

Ø **Applicant's presentation**

The Consultant Paediatric Diabetologist (not the applicant) was in attendance to present both submissions on behalf of the applicants and field any questions. The applicants and presenters DoI's were noted.

The applicant confirmed that Tresiba™ and Fiasp™ are considered appropriate treatment options for the patient cohorts outlined in the application. The intended criteria for use for Tresiba™ was clarified by the presenter, including the rationale for recommending Tresiba™ as the first line long acting insulin option for patients over the age of 12. The presenter described that because of its longer action, Tresiba™ would enable the use of lower insulin doses and reduce the risk of diabetic ketoacidosis (DKA). Due to their physiology, children, in particular pubertal adolescents, tend to have higher insulin resistance and as a consequence require higher doses of insulin and/or have to top up their basal insulin regimen with other insulins. The intended criteria for use and patient cohort for Fiasp™ was also clarified by the presenter.

With respect to Tresiba, Committee members were informed of feedback from the diabetes adult transition clinic. The feedback indicated that Tresiba™ should not be the only first line option in adolescents but should be a first line option alongside Lantus™ (insulin glargine) and Levemir™ (insulin detemir). The choice of basal insulin should be based on the patient circumstances and the clinical need.

Ø **IMOC discussion after departure of presenters**

Insulin degludec - Tresiba™

Committee members discussed the application and members acknowledged that Tresiba™ is suitable as a first line treatment option the diabetic paediatric population however, there needs to be further discussion regarding the place in therapy for Tresiba™ for both the paediatric and adult population in SEL through the applicants and the diabetes sub-group leads. Members highlighted that clearer guidance is required on which cohort of paediatric patients should be eligible for treatment with Tresiba™ as a first line option.

Committee members agreed in principle and by consensus a category of Amber 2 (initiation and first prescription from the specialist paediatric diabetes team) time limited to 12 months to allow data to be presented back on outcomes. This is pending discussions between the Evelina diabetes team, the

diabetes sub group of the SEL IMOC (via the consultant diabetes pharmacist for SEL), noting the sub-group covers adults, and the transition clinics.

Insulin aspart - Fiasp™

Committee members discussed the application and members acknowledged that Fiasp™ is suitable as a second line treatment option for the treatment of diabetes mellitus in adolescents and children aged 1 year and above, as per the criteria outlined in the formulary application and the clarifications provided by the presenter. Committee members agreed by consensus a category of Amber 2 (initiation and first prescription from the specialist paediatric diabetes team).

ACTION: Clarification from applicant regarding paediatric cohort suitable for Tresiba™ as a first line option
ACTION: Existing insulin degludec - Tresiba™ formulary recommendation to be updated and new insulin degludec - Tresiba™ in paediatrics formulary recommendation to be drafted
ACTION: Evelina diabetes team, diabetes sub group of the SEL IMOC and GSTT transition clinic to discuss and reach a consensus regarding the place in therapy for Tresiba™ across SEL to help streamline the cohort
Action: Insulin aspart - Fiasp™ formulary recommendation to be drafted

9. Proposal for the use of sub-cutaneous infliximab (Remsima™) for rheumatoid arthritis

The author was in attendance to present this item that seeks to include the sub-cutaneous (SC) formulation of infliximab (Remsima™) to the SEL formulary for the treatment of rheumatoid arthritis (RA). This is a licensed use of the SC formulation and will be used in RA patients in line with NICE recommendations. The proposal was discussed and supported at the last rheumatology sub-group meeting. The proposal outlined the inclusion and exclusion patient criteria for the use of SC Remsima™ as well as the benefits of switching particular cohorts of patients with RA from intravenous infliximab to SC Remsima™.

A comment was raised regarding the efficacy of SC Remsima™ in RA as well as the stability of homecare to support the use of SC Remsima™. The author confirmed the gastroenterology team are already using SC Remsima™ and have found SC Remsima™ effective for the management of inflammatory bowel disease and they have also had no issues with homecare.

Committee members approved by consensus the proposal for the use of SC Remsima™ for the management of RA.

10. An overview of the SEL Palliative Care Medicines Improvement Group (PCMIG) and work plan

The Borough leads for the SEL Palliative Care Medicines Improvement Group (PCMIG) were in attendance to present this item, which provides an update on the Group's progress. The PCMIG was set up during the COVID pandemic and has evolved from a task and finish group.

The PCMIG has had various successes which includes:

- Enhancing community pharmacy services to include a stock of injectables for symptom control of the dying patient
- Improving access to injectables in the out-of-hours setting through a collaboration between SELGP co-operatives and the resident pharmacy service at GSTT
- Improving the usability and content of the South East London Palliative Care resources web page

The Committee noted the principles and remit of the PCMIG. An updated flow chart of how the PCMIG links in with other groups within SEL was presented during the meeting, this included the reporting lines for the PCMIG to the SEL IMOC for approval of medicines specific outputs and to the SEL Palliative and End of Life care workstream for service specific matters. The PCMIG workplan was shared

including key pieces of work such as embedding the use of the Pan-London Medication Authorisation and Administration Record (MAAR) charts and creating a training resource for community prescribers.

The presenters noted that the PCMIG have revised their working group principles and would appreciate any comments from Committee members. Immediate comments from members included considering paediatric representation on the Group and whether it would be useful to have a community EoL section on the SEL formulary website to help align "Red, Amber, Green, Grey" (RAGG) categories for the community EoL medicines list.

The presenters were thanked for providing an update on the work of the PCMIG.

ACTION: The revised PCMIG working group principles to be circulated to Committee members for comments post meeting.

11. SEL IMOC workplan Q1 2022/23 update

The Q1 2022/23 SEL IMOC work plan to June 2022 was noted by Committee members. The various work plan areas are progressing well in line with the anticipated outcomes and due date. It was noted that the wound care workstream has not yet started but a meeting is planned at the end of July.

12. Standing items

- Formulary submissions tracker

Noted.

- NICE Technology Appraisal Guidance Summary – ICS attributed medicines & NHSE/I commissioned NICE TAs :

The summary was noted and Red, Amber, Green, Grey (RAGG) categories were agreed by consensus

- The Committee noted the following documents for information:

- GSTT guideline for percutaneous intramuscular (IM) vocal cord botulinum toxin type A (BTtA) injection for the management of adult patients with spasmodic dysphonia
- GSTT, KCH and LGT andexanet alfa protocols
- Withdrawal of NHS England rapid clinical commissioning policy statements implemented during the COVID-19 pandemic – ITP treatments included

No comments were raised by members on the "for information" items.

- RMOC update - for information

The Committee noted the publication of the NHSEI national shared care protocol templates. An approach to their implementation across SEL will be considered by the shared care task and finish group.

13. Any other business

No items raised.

IMOC dates for next 3 months

Date	Time	Venue
18th August 2022	2:00pm – 4:30pm	MS Teams
15th September 2022	2:00pm – 4:30pm	MS Teams
20th October 2022	2:00pm – 4:30pm	MS Teams