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

1. Welcome, introductions and apologies

The Chair welcomed attendees to the meeting. 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 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. Guidance for the safe switching of patients on anticoagulants for non-valvular atrial fibrillation (NVAF) to the direct oral anticoagulant (DOAC) edoxaban

The author was in attendance to re-present this guidance which has been updated in line with discussions at the August IMOC meeting. Minor comments were raised e.g. referring to the SEL IMOC website for the patient letter as opposed to contacting the author of the guideline.

The Committee agreed by consensus the approval of the guidance pending minor updates to the guidance in line with discussions.

ACTION: Guidance to be updated in line with discussions and progressed for ratification

5. Formulary recommendations

- **New:** Dienogest (Zalkya™) 2mg tablets for the treatment of endometriosis
- **Updated:** Pitolisant hydrochloride to improve wakefulness and reduce excessive daytime sleepiness in adult patients with idiopathic hypersomnia
- **Updated:** Testosterone in topical gel formulation for use in women with decreased libido in the menopause (Tostran™ 2% gel and Testogel™ 40.5mg in 2.5 grams)

Committee members approved the formulary recommendations by consensus.

6. Proposed changes for SEL following finalisation of the pan London Red list

The Formulary Pharmacist presented this item which aims to produce a single agreed Red list for London to help reduce variation for patients moving between London ICSs. The pan London Red list project is supported by the London Procurement Partnership. A working group with primary care, secondary care and commissioning representative from each ICS has developed a draft pan London Red list which involved reviewing the definition of a Red list medication.

Although there is mostly a consensus across the London ICSs in relation to draft pan London Red list, each London ICS has been asked to review and comment on each Red list area where there are differences. The differences between the draft pan London Red list and the SEL joint medicines formulary are highlighted in a summary document provided within the meeting agenda pack.

Committee members discussed some of the key differences between the proposed pan London Red list and the existing SEL Joint Medicines Formulary Red list for example keeping bowel preparations prescribed as part of the care package for patients undergoing surgery and the off-label use of cardiovascular medicines used for diagnostics as Red. The importance of liaising with particular local stakeholders in regards to the proposed pan London Red list was also discussed for example, local mental health Trusts, relevant IMOC sub-groups and local authority leads (where they are the commissioners of the medicine).

Committee members agreed further review of the proposed pan-London Red list is required outside of the meeting via a consultation with Committee members, relevant IMOC sub-groups and wider local stakeholders.

ACTION: Pan London Red list recommendations to be circulated to Committee members for consultation.

7. Bijuve™ (oestradiol 1mg micronised progesterone 100mg) for continuous combined hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women

This formulary submission originates from GSTT - obstetrics and gynaecology team. The application requests the use of Bijuve™ (oestradiol 1mg micronised progesterone 100mg capsules) as an additional hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women.

- **Evidence review**

The Formulary Pharmacist presented an overview of the efficacy evidence for the use of Bijuve™ in this setting, the detailed review was provided within the meeting agenda pack. The information presented also included the estimated resource impact for Bijuve™, the resource impact of the submission is within the financial threshold that the Committee is authorised to approve. It is expected that the introduction of Bijuve™ will be cost neutral overall. Bijuve™ is intended to be used in line with its licensed indication and dose.

- **Applicant's presentation**

The applicant was in attendance to present the submission and field any questions. The applicant's DoI was noted. The applicant confirmed that Bijuve™ is considered an appropriate treatment for the patient cohort outlined in the application, which is for women experiencing oestrogen deficiency symptoms at least 1 year after last menses who have an intact uterus. The NICE guideline on the diagnosis and management of menopause (NG23) recommends adopting an individualised approach to management, based on changing symptoms, past medical history, family history, diet, lifestyle, individual preferences and concerns.

The applicant clarified that the specialist menopause clinic predominately prescribe transdermal HRT products such as estrogen gel and patches, however Bijuve™ is an alternative HRT option for patients who are prescribed oral estrogen, patients on continuous combined HRT and patients who suffer from sleep disturbance as a consequence of the menopause.

The applicant also clarified that the estimated patient numbers who will be managed with Bijuve™ is low as patients tend to prefer non-oral HRT formulations. It is likely Bijuve™ will be used for patients who are already on continuous combined HRT and require an alternative treatment option.

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

Committee members discussed the application and members acknowledged that Bijuve™ is suitable as an alternative continuous combined HRT for oestrogen deficiency symptoms in postmenopausal women. The Committee noted Bijuve™ will need to be included in the local menopause treatment pathway which is currently under development. The Committee agreed by consensus a category of green (non-specialist and specialist initiation).

ACTION: Formulary recommendation to be drafted and presented at next meeting

8. London Kidney Network (LKN) improvement pathways for chronic kidney disease (CKD) includes pathways for:

- **Adults with Type 2 diabetes and CKD**
- **Adults with albuminuria without type 2 diabetes**

Members of the London Kidney Network (LKN) were in attendance to present this item and shared a presentation at the meeting covering the LKN pathways. The LKN CKD pathways aim to support better identification of CKD through the alignment to long term conditions such as hypertension and diabetes. The LKN early identification pathways are split for the management of patients with or without Type 2 diabetes and focuses on "3 actions within 3 months to save lives" which are:

1. Optimising the use of ACE-inhibitors (ACEi) and angiotensin receptor blockers (ARBs)
2. Initiating a sodium glucose co-transporter-2 (SGLT2) inhibitor
3. Optimising blood pressure target

The pathways have been launched across London on 7th September.

The draft pathways were consulted on across London ICS areas in April and SEL returned a number of comments. The key themes from the stakeholder feedback were presented to the Committee

The costings for implementing the use of dapagliflozin for the management of CKD across SEL were also presented; the detailed costings were provided within the meeting agenda pack. It is estimated the uptake for dapagliflozin for CKD across SEL will be slightly higher than NICE predict, however, the number of patients is expected to reach steady state by year four, which is earlier than the NICE estimate of year five. The estimated cost impact, without consideration of the off-set costs (such as delay in progression to end stage renal disease, reduced dialysis and hospital attendances) exceeds the threshold the Committee can approve. However, when the off-set costs are included, the cost impact reduces to below the threshold. Further discussions regarding whether this will require escalation to the Planning and Finance Committee (given the off-set costs) will be discussed outside of this meeting.

A minor difference between the LKN pathways and NICE recommendations were noted. Due to the differences between uACR thresholds within the NICE CKD clinical guidance and NICE TA 775 – dapagliflozin in CKD. This difference is not expected to have a significant impact on estimated costings.

A pan-London medication pathway for CKD had been planned for development by the LKN, however, this is no longer being progressed and ICS areas in London will need to agree individual approaches. In SEL, this will be through the medicines section of the Clinical Effectiveness SEL (CESEL) CKD Guide, which is currently under development. The medicines section of the Guide will also need to advise on the local “Red, Amber, Green” (RAG) category for SGLT2i’s in CKD (currently the interim RAG rating is Red until a medication pathway is agreed).

A comment was raised regarding the workload in primary care to implement the LKN early identification pathways. The aim to carry out 3 actions in 3 months will be challenging and could invite complaints from patients if the 3 actions in 3 months is not achieved. The presenters clarified that the workload on primary care to implement the “3 actions in 3 months” is recognised; the 3 actions in 3 months is an aspiration for primary care as opposed to mandated actions. Committee members agreed that it would be useful if a statement could be added to the LKN pathways that the 3 actions in 3 months is not mandated and is aspirational. The LKN Team confirmed that they would be happy to organise educational events to support primary care.

The Committee noted the LKN pathways and thanked the LKN members for attending and sharing the presentation on the London-wide improvement pathways for CKD.

9. i. Clinical Effectiveness South East London (CESEL) updated guide for Type 2 diabetes mellitus (T2DM) in adults – medicines section

The CESEL GP Clinical Lead for SEL (also an IMOC representative) presented this item following an update to the CESEL diabetes guide in line with the updated NICE T2DM guideline and a resulting update to the IMOC T2DM glycaemic control guideline.

Comments were raised regarding updates to the medicines section of the guide including an update to the empagliflozin renal dosing requiring alignment to the SEL IMOC guidance and alignment between SEL IMOC guidance and the CESEL guide in relation to choice of QRISK scores.

Comments were also raised regarding the importance of aligning the CESEL guides (medicines section) with IMOC guidance to improve efficiencies in CESEL guide development, reduce duplication of effort and ensure essential information within IMOC guidance such as medicines safety is always noted within the CESEL guides.

ACTION: CESEL guide to be updated in line with discussions and progressed for ratification via Chair’s action

ii. Update on the financial approval for the revised SELT2DM glycaemic control management guidance

The Committee were informed of the outcome of the paper that was presented to the Planning and Finance Committee requesting financial sign off on the estimated cost of implementing SGLT2i in T2DM as the estimated costs exceeded the threshold the IMOC can approve. Financial sign off was agreed and approved by the Planning and Finance Committee at their meeting on 25th August. In line with this approval, the SEL T2DM glycaemic control management guidance (which was approved clinically by the Committee in May 2022) has been ratified by Chair's action.

A minor update to the footer of the SEL T2DM glycaemic control management guidance was requested to clarify which SGLT2i's have proven cardiovascular benefit. The Committee approved by consensus the minor update to the SEL T2DM glycaemic control management guidance footer.

ACTION: **SEL T2DM glycaemic control management guidance footer to be updated as per discussion and progressed for ratification**

10. Updated SEL self-care resources

The Borough lead for self-care presented this item which is an update to the self-care resources available on the SEL IMOC and SEL Medicines Optimisation web pages. The self-care and low priority medicines subgroup reviewed the existing resources and have agreed the old resources available should be retired and replaced with updated resources from PrescQIPP. The self-care Frequently Asked Question document has also been updated which includes changes to hyperlinks and organisational branding.

A comment was raised regarding the accessibility of the PrescQIPP resources, the presenter confirmed the PrescQIPP resources will be uploaded to the new SEL IMOC and Medicines Optimisation web pages via the new Integrated Care Board (ICB) website. The Committee agreed by consensus the updated self-care resources.

11. Outcome data on the use of safinamide in Parkinson's Disease

The Formulary Pharmacist presented this item in response to the time limited recategorisation of safinamide from Red to Amber 2 in September 2021. The Committee noted the patient numbers initiated on safinamide is lower than estimated and the outcome data is minimal. The presenter clarified the patients with no outcome data had only recently been initiated on treatment hence the lack of outcome data.

In line with the minimal outcome data, Committee members agreed by consensus that the collection of further outcome data would be useful and should be reported back to the Committee in 12 months.

ACTION: Further outcome data on the use of safinamide for Parkinson's disease to be reported back to the Committee by September 2023

12. Standing items

Formulary Submissions tracker

Noted.

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

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

- RMOC update

A brief verbal summary of the items discussed at the RMOC meeting on 25th August 2022 was provided to the Committee.

13. Any other business

No items raised.

IMOC dates for next 3 months

Date	Time	Venue
20th October 2022	2:00pm – 4:30pm	MS Teams
17th November 2022	2:00pm – 4:30pm	MS Teams
15th December 2022	2:00pm – 4:30pm	MS Teams