South East London Integrated Medicines Optimisation Committee (SEL IMOC) Meeting
15 June 2023 (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 notes were accepted as an accurate record of the meeting pending the correction of minor typographical errors. Clarification to the notes and minutes were requested, highlighting that the approval of the Red category for the COVID-19 treatments outside of NICE TA 878 and the use of molnupiravir as a third line treatment for non-hospitalised patients with COVID-19 outside of a Covid Medicines Delivery Unit (CMDU) setting is on an interim basis until the publication of the additional NICE TA which is currently under appeal. Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed.

4. **Updated adult vitamin D guidance and patient information leaflet**

   The author and Borough lead presented this item which has been reviewed and updated, the main changes were outlined as per the detail included in the agenda pack. Outstanding queries from the ICS wide consultation which remain unresolved were noted:
   - Management of vitamin D deficiency in people with chronic kidney disease (CKD) stage 3b vs CKD stage 4 and above
   - The recommended dose for vitamin D deficiency in pregnancy and breastfeeding
   - Availability of the patient information leaflet in simple and plain language as well as languages other than English

   A comment was raised regarding the recommended dose for vitamin D deficiency in pregnancy and breastfeeding and linking in with local gynaecology teams to discuss their preferred option for the management of this patient cohort. In relation to the outstanding query regarding the patient information leaflet, the author queried whether the national NHS vitamin D patient information leaflet could be adopted locally. Members recommended that the national NHS vitamin D leaflet should be adopted to prevent duplication of effort. This will also ensure a current and up to date leaflet is always in use. It was also noted that the new ICS website includes a tool which could be used to translate leaflets in the future. The author also suggested removing the CKD stage 4 and above vitamin D deficiency management flowchart until a consensus on the management of this patient cohort is agreed with the specialists. To make the guidance clear in the interim, Committee members recommended that a statement is included within the guideline advising that specialist advice and guidance should be sought for patients with stage 4 CKD and above.

   A comment was also raised in reference to ergocalciferol intramuscular (IM) injection as “for specialist initiation only,” however there is no Red, Amber, Green, Grey (RAGG) category noted within the local formulary. The wording in the guidance suggests the category should be Amber 1, however this requires further discussion with GPs. A comment was also raised in relation to the vitamin D deficiency dosing used within the acute Trusts, where rapid loading doses are used routinely (off-label). The authors were requested to include a statement reflecting this within the guideline, as the guideline also applies to the acute Trusts.

   Committee members agreed by consensus the vitamin D guideline could not be approved given the updates required. The guideline should be updated in line with the discussions and the author was also requested to take forward further discussions in relation to CKD and IM ergocalciferol. The guideline will require presentation back to the Committee at a future meeting. The Committee also agreed by consensus that the national NHS vitamin D patient leaflet should be signposted to, and the local version retired.

ACTION: Vitamin D guideline to be updated in line with the discussion and presented at a future IMOC meeting

5. **Formulary recommendation 145 – Rituximab intravenous injection for the treatment of refractory autoimmune hepatitis in adults**

   This draft formulary recommendation is in line with the formulary application approval for the use of rituximab for the treatment of refractory autoimmune hepatitis in adults presented at the April IMOC. The formulary recommendation is a time limited approval for one year to enable outcomes to be reported back to the Committee, these include longer term outcomes over several years, e.g. prevention of cirrhosis and liver failure.

   Committee members approved the formulary recommendation by consensus.

6. **Updated shared care guideline for the treatment of autoimmune hepatitis, rheumatic diseases and inflammatory bowel disease in paediatrics**

   This item was deferred for a future IMOC meeting as further updates to the formatting of the shared care guideline have been identified.

7. **Formulary inclusion of Softacort™ for the treatment of mild non-infections allergic or inflammatory conjunctival diseases**

   The Formulary pharmacist presented this item. Softacort™ is included in the pan-London ophthalmology formulary and categorised as Amber. It was confirmed that the SEL formulary does not include a low-potency preservative-free steroid eye drop. Committee members were requested to consider the formulary inclusion of Softacort™ in line with its licensed indication as: Softacort™ contains low dose hydrocortisone 0.335%, has a low intraocular penetration, is a very low systemic preparation and does not cause a significant risk of a rise in intraocular pressure. Additionally, it is a preservative-free preparation and therefore prevents ocular surface toxicity.

   A detailed evidence review conducted by North Central London (NCL) Joint Formulary Committee in 2019 (shared as part of the pan-London ophthalmology formulary work), was provided within the meeting agenda pack. This has been supplemented by an up-to-date literature search to identify if any further data are available since the original NCL review. The information presented included the estimated resource impact for Softacort™ in this setting, which is within the financial threshold that the Committee is authorised to approve.

   A comment was raised in relation to whether a specific cohort of patients will be prescribed Softacort™ in line with the licensed indication. The presenter clarified that the use of Softacort™ will be in line with the license and suitability will be clinically decided on a case-by-case basis. A comment was also raised regarding whether Softacort™ will be used beyond 14 days which is outside of the licence, the presenter clarified Softacort™ will only be used in line with the licensed duration of therapy, however some patients may require a tapering regimen following the 14-day course.

   The desired RAGG category for Softacort™ was discussed and Committee members agreed by consensus, a category of Amber 2. This will enable transfer of prescribing to primary care where a dose tapering regimen is required following the 14-day course.

   Committee members approved the formulary inclusion of Softacort™ by consensus for the treatment of mild non-infections allergic or inflammatory conjunctival diseases as Amber 2 (specialist initiation and supply followed by transfer to primary care where a tapering regimen is indicated) in line with the licensed maximum 14-day course.

   ACTION: Formulary entry to be created for Softacort™ with the details as discussed

8. **Treatment pathway for adults with moderate to severe atopic dermatitis**

The authors presented the pathway, which has been developed through the dermatology sub-group of the IMOC. The treatment pathway updates and replaces the previous standalone pathway developed for dupilumab. The pathway sets out the place in therapy of the specialist agents licensed and approved by NICE for atopic dermatitis and includes several resources, such as a patient decision aid and a cost tool to help with choice of the most cost-effective agent.

A comment was raised regarding the development of a monitoring framework for atopic dermatitis and the presenters confirmed that the existing framework for dupilumab is in the process of being updated to reflect this broader pathway. A comment was also raised recommending the inclusion of a link to the guidance on reconciling hospital only medicines on GP computer systems. Members also requested that a statement is included at the start of the document to make clear that the treatment pathway is applicable to secondary care only and all medicines referred to will be prescribed by the hospital.

The Committee agreed to approve by consensus the treatment pathway pending the amendments discussed. Once the amendments are made by the authors, the pathway should be approved by Chair's action.

ACTION: Authors to update the guidance in line with discussions and share with borough leads for review before progressing for Chair's action

9. Self-care sub-group update and workplan

The lead for the self-care sub group of the IMOC provided an update on the actions to date by the sub-group and the development of the self-care Group's work plan. The work plan includes self-care communication campaigns and standard wording to promote self-care for GP practice websites. A section has also been created on the Joint Medicines Formulary (JMF) website for self-care and this will be populated with different self-care sections. Information on self-care for the management of mild to moderate hay fever is now available on the SEL JMF website.

A comment was raised in relation to whether the communications campaign would run over the year with a focus on topical advice relevant to the time of year such as hay fever season and winter. The presenter confirmed that this would be the intention but subject to communications team capacity. Committee members noted the work plan and welcomed the work underway.

10. Standing items

- Formulary submissions tracker

Noted.

- NICE Technology Appraisal Guidance Summary – ICS attributed medicines & NHSE/I attributed medicines
  - The summary was noted and Red, Amber, Green, Grey (RAGG) categories were agreed by consensus.
  - Committee members noted that a RAGG category for semaglutide (Wegovy™) in obesity is to be confirmed once launched in the UK.
- RMOC update – May 2023 meeting
  - The Committee noted an update from the May RMOC meeting, including an update on the fifteen draft national medicines optimisation priorities that are under development.

11. AOB

Nil items raised.

IMOC dates for next 3 months

Date	Time	Venue
20th July 2023	2:00pm – 4:30pm	MS Teams
17th August 2023	2:00pm – 4:30pm	Hybrid – MS Teams/in person
21st September 2023	2:00pm – 4:30pm	Hybrid – MS Teams/in person