University Hospitals of North Midlands NHS | North Staffordshire Combined Healthcare NHS

NHS Midlands Partnership NHS Foundation Trust | NHS North Staffordshire Clinical Commissioning Group | NHS Stoke-on-Trent Clinical Commissioning Group

New Medicines Committee

Meeting held Wednesday 6th July 2022, 13:00-15:00
Venue: Microsoft Teams

MINUTES OF MEETING

Colours below represent whether members attended the relevant meeting or not
Green = Attendance, Orange = A deputy attending on their behalf, Red = Apologies received

Members:			01.12.21	02.02.22	02.03.22	06.04.22 – cancelled	04.05.22	01.06.22 – cancelled	06.07.22
[redacted]	HS	Chief Pharmacist - NSCHT				x		x	
[redacted]	ST	Clinical Director of Pharmacy & Medicines Optimisation UHNM				x		x	
[redacted]	JR	Head of Meds Ops, Staffs & Stoke CCGs (Chair)				x		x	
[redacted]	DB	Combined Healthcare Pharmacist NSCH				x		x	
[redacted]	DK	Interface Pharmacist Staffs & Stoke CCGs				x		x	x
[redacted]	MS	GP & Chairperson SSOT APC&G in common				x		x	
[redacted]	JG	GP & Chairperson SSOT APC&G in common				x		x	
[redacted]	SM	Consultant Anaesthetist & Divisional Clinical Chair UHNM				x		x	
[redacted]	SF	Consultant Anaesthetist UHNM				x		x	x
[redacted]	BE	Governance & Community Pharmacist MPFT			?	x		x	
[redacted]	DC	Lead Pharmacist for Procurement and Commissioning UHNM				x		x	
[redacted]	RL	Lead Pharmacist for Digitalisation & EPMA				x		x	x
[redacted]	VK	Consultant Psychiatrist MPFT				x		x	x
[redacted]	SB	Specialist Pharmacist UHMN				x		x	
[redacted]	ED	Senior Medicines Optimisation Pharmacist (Medicines Commissioning)	x	x	x	x		x	

In Attendance:			01.12.21	02.02.22	02.03.22	06.04.22	04.05.22	01.06.22	06.07.22
[redacted]	LP	PA to Deputy Director of Medicines and MACE NSCH	x			x		x	
[redacted]	NS	Representing Sue Thomson	x	x	x	x		x	x
[redacted]	AP	For item 5.1	x	x	x	x		x	x
[redacted]	JD	For item 5.2	x	x	x	x		x	x
[redacted]	RL	For item 5.2	x	x	x	x		x	x
[redacted]	CB	For item 5.2	x	x	x	x		x	x
[redacted]	AW	For item 5.2	x	x	x	x		x	
[redacted]	HW	For item 5.2	x	x	x	x	x	x	

*Please note – All NMC meetings will be recorded to assist with the production of the minutes. The recordings will be deleted when the minutes have been approved

No.	Agenda Item	Action
1.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
	[redacted] chaired today and welcomed everyone to the meeting. [redacted] confirmed that the meeting is not quorate; maintaining quoracy at NMC will be discussed at the IMOC meeting. [redacted] confirmed that she can attend until 2.30pm.	

PROUD TO CARE

2.	**Conflict of Interest**	
	None noted.	
3.	**Minutes from last meeting**	
	The minutes from the last meeting on 4th May 2022 were approved as a true and accurate record.	
4.	**Matters Arising**	
	4.1 Action Log See action plan dated 6th July 2022. **4.2 Outstanding list of formulary applications during the period of cessation of activity for Covid** **<u>Melatonin</u>** • Melatonin will affect the mental health ESCA review; a clinical decision would be welcomed by CHC. • [redacted] is currently leading on this; [redacted] has provided the current expenditure. • The licensed preparation costs remain outstanding; further discussions are required with the relevant clinicians (sleep clinical, CAMHS/LD) [redacted] added that the clinical pathways are complete (but do not match the prescribing data); the costings need pulling together, which will be completed in time for the next NMC meeting. • [redacted] said that for sleep difficulties there are different categories to consider: 1. under 18s – initiated by sleep clinics 2. over 18's – licensed for over 55's for insomnia only 3. Initiated by GPs avoiding z drugs [redacted] added that 'The Wellbeing Service' offer CBT insomnia therapy to assist patients when withdrawing from melatonin. [redacted] suggested an extraordinary NMC meeting for later this month to review the melatonin application; a complimentary plan is needed. A clinical review at NMC, with the relevant specialist clinicians present would be beneficial, given the volume of prescribing and to consider implications of formulary inclusion. [redacted] agreed to ask [redacted] for a suitable date to meet again in July 2022 to address the issues with melatonin; in order to coordinate a system wide approach. **<u>Midodrine</u>** • For use in Parkinson's disease; unsure where this sits on the formulary. [redacted] to follow up [redacted] added that there is currently no backlog of formulary requests; she will email the team to verify this and gave assurance that there is nothing outstanding. [redacted] attended RMOC this morning, the group are currently concentrating on scoping out work during the transition period. The shared care guidelines are now signed off at national level, however, there is a delay in publishing these.	

[redacted] queried how biosimilars should be progressed in future, and whether NMC would need to review. They will be made available from August 2022, however, there will be pricing and commissioning considerations. The medication has been approved and the national guidance can be used for reference.
[redacted] agreed that biosimilars will need discussing at the NICE group, possibly a task and finish group would help to aid progress to formalise the governance process. If the Group were in agreement biosimilars would fall outside of the NMC's scope given the national process and in recognition that the parent biological will have been previously reviewed; the focus is around clinical evidence.

[redacted] added that cariprazine and melatonin remain outstanding for CHC.

5. Formulary Review

5.1 HRT and formulary item listings/formulary applications for specific dosage forms across North Staffordshire and South Staffordshire formularies (presented by [redacted])

Two formularies exist across Staffordshire – North Staffordshire Joint Formulary and South Staffordshire Formulary.
Within the BNF formulary sections for North Staffordshire, the formulary does not list any specific HRT preparations/products. In contrast, the South Staffordshire Formulary lists some particular HRT preparations, but is not a comprehensive list; the origins of preparations chosen for inclusion on the formulary is also not obvious.
A formulary application for an oestrogen spray for HRT was received, and from this, discrepancies in the North Staffs and South Staffs formularies were noted in the HRT section.
The proposal to the NMC was that the Staffordshire Health Economy does not support separate formulary application for individual HRT preparations, especially at a time of shortages of certain HRT products.
Therefore, an application for oestrogen spray would not be necessary as oestrogen would be included on the formularies as a medication in whatever formulation is necessary for HRT use.

The following points were raised by the NMC:-
[redacted] acknowledged the variability of access to HRT, a preferred way of administering, whilst factoring in the costs, would be beneficial. [redacted] agreed that it is a difficult time to review HRT due to supply issues; if a formal review is undertaken, it is important to note the number of variations available and the amount of work involved. Harmonisation is important; [redacted] said that reference to the British Menopausal Society will be used. [redacted] added that the aim is to provide advice and guidance, rather than a detailed formulary review. [redacted] suggested revisiting HRT in 6 months' time; and asked if GP's would feel guidance is sufficient at this stage. [redacted] agreed that guidance would be useful, a statement recognising supply issues and listing current options for GPs would be beneficial via APC.

Action: [redacted] to provide an update in January 2023 (subject to the stabilisation of the supply chain) [redacted]

5.2 Oral Semaglutide (Dr [redacted], Diabetes Consultant ay UHNM)
**for clinical consideration by the NMC with the caveat that there is more work to do surrounding the finance aspects of the paper*

This paper was submitted to the June APC but given this skipped the normal governance route it was redirected to be reviewed by the NMC.
Oral semaglutide is the first oral glucagon-like peptide 1 (GLP-1) receptor agonist available drug for treatment of type 2 diabetes; it is available in different strengths and will be considered for use by patients who are sub-optimally controlled. The clinical trials information has been included in the briefing paper, for reference. Side effects include occasional vomiting/bowel movements. The medication should be taken on an empty stomach with a small glass of water; 14mg is the recommend oral dose.

[redacted] asked if all strengths are the same price; Dr [redacted] confirmed that it is not uncommon with newly marketed drugs. The plan would be to get all patients up to 14mg. [redacted] added that if patients are aware of oral availability they may refuse injections, which will generate system wide costs savings.
[redacted] asked if the oral preparation will remain amber on the formulary. Dr [redacted] said that there is no specific training, the dose will be titrated upwards. In surrounding areas it will be green on the local formulary; Dr [redacted] would be happy for local GPs to initiate the drug, and offered to provide training for local GPs.
[redacted] said that the caveat to having it as amber is that disparity may be evident due to patient choice. Oral medication can be offered whilst waiting to see diabetes specialists and obtain injections. The triple therapy option will be introduced, as this suits most patients.

[redacted] thanked Dr [redacted] for attending the meeting today.

The following points were raised by the NMC:-
[redacted] said that this medication can be seen as a natural progression for diabetes care; patients generally prefer not to use injections. Robust processes need to be in place to monitor the criteria and to ensure that it meets guidance etc.
[redacted] asked if there is a wider review taking place, as all injectables are currently amber. [redacted] clarified that this was not on the formulary, no cost analysis was available at the time it was submitted to APC. [redacted] estimated that costs would be in the region of £1 – 1.5 million; it is difficult to pull overall costs together.
[redacted] asked about the prescribing RAG rating; and has concerns around bio-availability and the specific way that patients have to ingest the medication. An assessment process to see benefit for the resource would prove useful; it is important to see the improving status for patients.
[redacted] said that a similar process is in place for the injectable version. An ESCA is not needed, amber I would be the preferred way forward. [redacted] added that is it difficult to understand the capacity and demand if it becomes amber I. [redacted] agreed that it is complex to look at this review and harmonise with the other drugs.
[redacted] said that Dr [redacted] had mentioned that it is used in patients that were unsuitable for injection and by patient preference. [redacted] queried what the safety and monitoring issues members felt impeded oral semaglutide from being Green on

	the formulary; concerns lie around the drug being initiated at the right time for the right person. [redacted] proposed that it is put forward to APC as amber I for them to consider if it should become green, agreed by the group.	
6.	**Any Other Business**	
	None noted	
7.	**Date and Time of Next Meeting**	
	A separate 'extra ordinary meeting' is proposed to review/discuss melatonin for 27th July 2022; [redacted] to arrange. The terms of reference for NMC will be re-shared ahead of the next meeting in September 2022; [redacted] will send out the diary invite shortly. Date: TBC Time: 13:00-15:00 Microsoft Teams	