South East London Integrated Medicines Optimisation Committee (SEL IMOC) Meeting
Additional IMOC meeting held on: Thursday 30th November, 2pm - 3:30pm
(Meeting held via MS Teams)
FINAL Minutes

1. Welcome, introductions and apologies

The Chair welcomed attendees to this additional meeting of the SEL IMOC. Any actions from this meeting will be included in the Committee's main action log. Apologies were noted and observers welcomed.

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. A declaration was noted from a member in relation to item 3 – implementation of NICE guidance on the use of semaglutide (Wegovy™) for obesity in SEL. No further conflicts were raised by members.

3. Outcome data for the use of Buvidal™ for the treatment of opioid dependence and Nyxoid™ for the treatment of opioid overdose (review of the time limited approval)

The clinical lead was in attendance to present this item. Buvidal™ and Nyxoid ™ were included on the formulary for use by addiction services in 2019 under a time limited arrangement. The time limit was to enable completion of pilot projects and reporting of outcome data from them. There has been a delay in reporting back to the Committee from the planned pilots due to the COVID-19 pandemic, which affected progression of the pilots. The presenter noted that since the initial approval of Buvidal™ in SEL, it has been recommended in the updated national drug strategy, making it a common choice within addiction services nationally.

Buvidal™

The presenter took the Committee through the data provided, covering pilot sites in Lambeth and Bexley. The feedback from staff has been positive, with relatively few complications associated with Buvidal™ use. Views from patients on their experiences using Buvidal™ is also collected routinely. A snapshot summary was included in the agenda pack and demonstrates the majority of patients provided positive feedback overall, with most reporting it has enabled them to gain some control and normality in their lives.

Members fed back comments and arrangements in the boroughs in South East London (SEL) not covered by this service were queried. The presenter noted that the addictions service provider in other SEL boroughs has a national formulary and this includes both Buvidal™ and Nyxoid™, provided there is local authority agreement and funding in place. The presenter also clarified that Buvidal™ use would be based on patient choice, although the main contraindication against use would be a history of bleeding disorders. It was also confirmed that the different services operating under the main provider work to similar protocols and processes. With respect to the value from having Buvidal™ available, members noted from the service user feedback the positive impact, including fewer overdoses. The presenter reported that in theory all opioid substitution treatments would provide a broader value and reduce hospital admissions, for example from overdoses; it is the service and delivery system for buprenorphine that has improved access and ease for people.

Committee members approved the request for the time limit to be removed from Buvidal™ by consensus. Buvidal™ will remain on the formulary as a RED "red, amber, green, grey" (RAGG) category medication.

Nyxoid™

The presenter provided an overview of the outcomes data for Nyxoid™(naloxone nasal spray) used for the treatment of opioid overdose. As for Buvidal™, the pilot sites are in Lambeth and Bexley. The data

provided reflects the number of Nyxoid™ kits issued by the services in these boroughs over a specified time period. Nyxoid™ is a prescription only medicine (POM), however addiction services can supply it to high-risk patients without a prescription, making it difficult to accurately collect usage data. The presenter advised that the services providing Nyxoid™ offer it to non-injectors – those uncomfortable with injecting, or not experienced and this includes non-injector opiate users, family members, carers and other professionals such as community safety outreach workers and social workers. Those with a needle phobia would also be eligible or those who are ex-injectors of heroin to avoid the association with needles. Service user feedback indicates those using the device find the intranasal spray easier to use and welcome having a choice. Staff within the services have found the intranasal formulation is more acceptable to external agencies. Service users are given a choice of treatment options, and many opt for Nyxoid™. It is a preferred route with family members and non-clinical staff.

The presenter noted that a generic version (also known as the "pebble") has recently become available, although there are differences in the device and dose delivered. The presenter also highlighted that a national patient safety alert issued in August 2023 in relation to potent synthetic opioids (nitazenes), notes that naloxone (including intranasal) can be used to treat overdose from these synthetic opioids. It was noted that the new generic product would need to go through the official IMOC formulary inclusion process if there is an appetite for it to be considered for inclusion onto the SEL Joint Medicines Formulary (JMF), given it is a different device and has different dosing. The presenter should progress this if there is a desire to have it available. In response to a query relating to disposal of the devices, the presenter agreed that the sustainability aspects will require consideration going forward.

It was noted that the presenter had indicated in the meeting paperwork a possible move to an "amber" RAGG category for intranasal naloxone. The presenter explained that the current request is for the time limited approval to be removed from Nyxoid™ and for it to remain as a RED category on the SEL JMF. However, there may be a possibility in the future that the prescription only medicine (POM) category could change in the UK, making Nyxoid™ available over the counter. At that point, the RED category would need to be reviewed. Members agreed that at the current time intranasal naloxone should remain as RED. Members highlighted that there is a risk of care being fragmented between the local authority and NHS if a move to an amber category is considered at this time. Additionally, this should be presented as a more formed proposal, with information on which amber category would be desired.

Committee members approved the request for the time limit to be removed from Nyxoid™ by consensus and also agreed by consensus that Nyxoid™ will remain on the formulary as a RED category medication.

ACTION: Formulary recommendations 101 and 102 to be updated to remove time limited approval in line with discussions

4. Implementation of Wegovy™ (semaglutide) in South East London – approach to implementing Wegovy™ in South East London and associated cost modelling

The lead pharmacists for diabetes and two diabetes and obesity consultants were in attendance to present this item to the Committee for discussion and input. The Committee was informed of and noted the declarations of interest for the presenters. The National Institute for Health and Care Excellence (NICE) issued a technology appraisal (TA) recommending the use of Wegovy™ as an option for the management of obesity within agreed criteria and caveats in March 2023. However, as Wegovy™ was not commercially available (due to global shortages of GLP-1 agonists), implementation of the NICE TA was delayed. Wegovy™ became commercially available in September 2023, thus initiating the 3 month implementation period for the NICE TA. The NICE TA includes criteria for starting and stopping Wegovy™ and notes a maximum treatment period of 2 years. As Wegovy™ is for use through specialist weight management services, a RAGG category of RED was agreed at the last IMOC meeting.

The presenters outlined the set-up of the obesity services across SEL based on mapping they had undertaken. It was noted that Saxenda™ (liraglutide) is currently the only pharmacotherapy available in specialist Tier 3 and 4 weight management services and is currently provided in pharmacotherapy clinics at two Trusts. The NICE TA for Wegovy™ expands the cohort of people eligible vs. the previously issued NICE TA for Saxenda™ (liraglutide). There are capacity constraints within local

weight management services and in view of this, a phased introduction of Wegovy™ has been planned through the King's Health Partners (KHP) Diabetes Obesity and Endocrine Group, also including services not formally part of KHP in the discussions. Under the phased introduction, all patients must meet NICE eligibility criteria and would be reviewed within the obesity multi-disciplinary team, prior to initiation. Patients who meet NICE eligibility criteria will be grouped based on the clinical urgency for weight reduction, in line with agreed clinical criteria. Some patient groups require further refinement and therefore the phased approach being presented for discussion is not final.

With respect to the cost impact from implementation, the NICE cost modelling for SEL indicates that the eligible population exceeds the capacity of local services and therefore capacity has been accounted for when making local predictions on usage. The local resource impact modelling has been prepared for this year (23/24) as a part year effect from December 2023 and is within the IMOC's delegated financial threshold. Local resource impact modelling for subsequent phases of implementation are to be confirmed once the patient groupings are finalised. In the interim, the Committee noted that the cost impact at year 5 of implementation based on the NICE TA resource impact model exceeds the delegated authority for the SEL IMOC to approve. In line with the Committee's Terms of Reference, this will be escalated to the ICB Executive Committee. As this is a NICE TA, which the NHS is legally obliged to implement, the cost impact will be shared with the Executive Committee for information only.

In relation to benefits and savings, the local resource impact paper outlines benefits from using Wegovy™ for weight management, any reduction in weight improves weight related co-morbidities and reduces the risk of cardiovascular events and the need for knee replacement surgery. This would mean reduced burden from these diseases on the health and social care system. Caveats to the resource impact modelling were noted, including fragilities in the supply of Wegovy™, both in the short and long term. It was also confirmed that the resource impact modelling covers estimated drug costs only – service delivery related costs are not included.

Members discussed the plans and agreed that further refinement of the clinical criteria for patient groupings would be helpful to prevent misinterpretation and confusion. The presenters also clarified that the tier 3 & 4 services would monitor criteria for starting and stopping Wegovy™. The presenters confirmed that discussions regarding the phased approach are ongoing and further detail will be presented to the Committee at a later date with updated, robust criteria. Members also suggested that it would be important to have monitoring and reporting of outcomes in place to highlight value to the wider healthcare system.

In terms of next steps, the resource impact report (based on the NICE modelling rather than local modelling, which still requires refinement) will need to be escalated to the Executive Committee for information. The services will also need to ensure there is appropriate governance at their base organisations to approve the proposed plan once refined.

ACTION: Refined phasing and resource impact modelling documents to be presented at a future IMOC meeting once finalised
ACTION: Estimated resource impact based on NICE modelling to be escalated to the Executive Committee for information

5. Primary care antibiotic guidelines - introduction, allergies, viral and dental sections

The Borough lead for the primary care antibiotic guidelines was in attendance to present this item for approval. Currently each borough has their own arrangements for primary care antimicrobial prescribing guidance and this process aims to harmonise the different borough guidelines into a single primary care guideline for SEL. This is being undertaken in phases and the first tranche has been produced in collaboration with Acute Trust colleagues and shared with borough medicines optimisation teams as well as the SEL FAS for consultation.

The guidance will be hosted on the MicroGuide interface with some slight formatting updates to the version presented within the agenda pack. The guideline for this phase includes a list of individual tools available to prescribers which can be accessed via the Target Antibiotic toolkit which supports the safe, effective, and sustainable use of antibiotics. It was also noted that valaciclovir has been included as a

second line option to treat shingles which provides an alternative treatment option in light of recent shortages. The dental section advises that rather than prescribe antibiotics for dental cases, these should be directed to their regular dentist or to 111 if out of hours care is required.

It was noted that some minor comments had been shared with the lead authors prior to the IMOC meeting and the authors will be addressing them. The authors also agreed to clarify in the chickenpox section (section 9), which "specialist" should be contacted for advice regarding pregnant/ immunocompromised/neonate patients. There are also plans to update the guideline in the future once the patient group directions are made available for the seven clinical pathways that community pharmacists will be able to supply antimicrobials against under the national Pharmacy First service.

Committee members approved the first tranche of primary care antibiotic guidelines - introduction, allergies, viral and dental sections - by consensus pending amendments in line with the discussions.

ACTION: Guideline to be updated by authors and returned to the IMOC team to progress for ratification via Chair's action

6. National Medicines Optimisation (MO) opportunities - plan for South East London

The lead Pharmacist for this work was in attendance to provide the Committee with an update on this item. This work is being coordinated through the Medicines Value Group (MVG). In July 2023 NHS England (NHSE) published 16 national Medicines Optimisation opportunities for the NHS, with a recommendation for integrated care systems to select 5 opportunities to prioritise and deliver on for the rest of this financial year. Within SEL there is work underway, to some degree, for all 16 opportunities. Following discussion via the MVG, it has been agreed that the following should be selected as priority areas for SEL:

i. Obtaining secondary care medicines in line with NHSE commercial medicines framework agreement
ii. Using best value biologic medicines in line with NHSE commissioning recommendations (ophthalmology)
iii. Appropriate prescribing and supply of blood glucose and ketone meters, and testing strips
iv. Identifying patients with atrial fibrillation and using best value DOACs
v. Addressing problematic polypharmacy

The first four have been selected in line with the four areas highlighted by NHSE as having significant efficiency savings to be made across the NHS. The polypharmacy opportunity was chosen based on the potential for patient focused benefits and efficiencies identified by local modelling. The polypharmacy workstream would also impact positively on some of the other remaining opportunities identified by NHSE. A mapping exercise has been undertaken to understand where and how this work is currently being delivered across SEL and where responsibility for the delivery of these opportunities will sit (including some IMOC sub-groups). The MVG will hold oversight for this work. Next steps are to continue discussions with the identified leads and confirmation of metrics and their reporting.

There was overall support for the planned selected areas and no queries were raised by Committee members.

7. Updated primary care dermatology guidelines

The lead author (a GP and specialist in dermatology) and borough medicines optimisation leads for dermatology were in attendance to present this item for approval. The presenters outlined the updates made to the existing guidelines, including:

- Incorporating the approvals given at IMOC in August 2023 for the use of topical calcineurin inhibitors (TCIs) in licensed and unlicensed indications (adults and paediatrics). This covered:
  - Formulary inclusion of tacrolimus 0.1% and 0.03% ointment and pimecrolimus 1% cream for dermatological conditions where there is a need to limit the adverse effects from topical corticosteroids (off-label) as Amber 1

- Recategorisation of tacrolimus 0.1% and 0.03% ointment and pimecrolimus 1% cream from Amber 2 to Amber 1 for the management of eczema and psoriasis (licensed and off-label indications)

- Inclusion (as green RAGG category) for higher strength formulation of Epiduo™ and to include Treclin™ in the acne treatment pathway, in line with approval for these preparations at the September 2023 IMOC meeting. This change has been made subsequent to the guideline being included in the agenda pack and was shared on screen with the Committee and as a late updated paper by email.
- The separate treatment pathway for papulopustular rosacea has been incorporated into the guidelines in the rosacea section. This was shared on screen as additional changes were made in line with comments received after the IMOC meeting paperwork had been circulated.

The author also asked the Committee to note that oxytetracycline is no longer being recommended as a first line tetracycline treatment for papulopustular rosacea within the papulopustular rosacea treatment pathway contained within the guidelines.

Committee members requested that information on directing users of the guidelines to a specific private provider for laser therapy in rosacea is removed. This information has been included since the agenda pack was circulated and given other private services are available, it would not be appropriate for an NHS guideline to signpost to a single private provider. The author noted that a similar statement is included in the hyperhidrosis guideline and Committee members agreed that this should be updated too. The author also agreed to clarify why both clarithromycin and erythromycin are provided as treatment options for rosacea in pregnancy. The author advised that whilst NICE Clinical Knowledge Summaries (CKS) only refers to clarithromycin, guidance from the British Association of Dermatologists refers to both agents. The author also clarified that the rationale for moving away from oxytetracycline as a first line oral antibiotic treatment for papulopustular rosacea was that doxycycline is now preferred as it can be administered once daily vs. twice daily for oxytetracycline, and it is also better tolerated and is now less costly vs. oxytetracycline.

The presenters also informed the Committee that there will be an addendum included to the guidelines – it has not been included as it is not medicines related but contains information on the community dermatology services available in SEL and updates to individual funding request and treatment access policy arrangements. This will be included in the final version that is shared for Chair's action (noting IMOC approval is not being sought for the addendum).

Committee members approved the updated primary care dermatology guidelines by consensus pending amendments in line with the discussions.

ACTION: Guideline to be updated by authors and returned to the IMOC team to progress for ratification via Chair's action

8. Any Other Business

The next meeting is on Thursday 14th December, will be a hybrid meeting taking place on Teams and in person.

IMOC dates for next 3 months

Date	Time	Venue
14th December 2023	2:00pm – 4:30pm	Hybrid – MS Teams/in person
18th January 2024	2:00pm – 4:30pm	MS Teams
15th February 2024	2:00pm – 4:30pm	MS Teams