South East London Integrated Medicines Optimisation Committee (SEL IMOC) Meeting
20 April 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 action notes and minutes were accepted and approved as an accurate record pending the correction of minor typographical errors and clarification that the use of Dexcom One™ sensors, Dexcom One™ transmitters and GlucoRx Aidex™ as Amber 1 is for adults with Type 1 diabetes. Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed.

4. Best practice guide for use of anticoagulant medicines in care homes

The author was in attendance to present this item which has been developed to support the management of anticoagulation in care homes. The guide had been tailored to the needs of non-clinical care staff as well as the inclusion of specific information as requested by the care homes for example the management of falls and head injuries in people taking anticoagulants. There are plans to organise a webinar to support the implementation of the guide.

Comments were raised in regards to updates to the guide which included adding a statement that recommends care homes have a written policy in place for the management of anticoagulants and information on what care home staff should do when a patient is started on new medication. An additional comment was raised in relation to DOAC monitoring, which recommended the inclusion of information within the guide which notes that DOACs also require annual monitoring at a minimum, but some care home residents may require more frequent monitoring.

Committee members approved the best practice guide for use of anticoagulant medicines in care homes by consensus pending the requested amendments as per the discussion.

ACTION: Best practice guide for use of anticoagulant medicines in care homes to be updated in line with the discussion and progressed for ratification via Chair's approval

5. Formulary recommendations 142 & 143 – various agents for the treatment of co-morbid insomnia in adults

- **Recommendation 142 (Amber 2): Melatonin modified release, trazodone, mirtazapine and quetiapine for the pharmacological management of co-morbid insomnia in adults**
- **Recommendation 143 (Red): Doxepin, agomelatine and vortioxetine for the pharmacological management of co-morbid insomnia in adults**

The drafted formulary recommendations for the use of various agents in this setting was presented; a minor comment from the Triage panel review was shared in relation to updating the abbreviation for gastro-oesophageal reflux disease - "GERD" to 'GORD' which is the abbreviation used in the UK. An additional comment was raised in relation to a typographical update to draft recommendation 143.

Committee members approved formulary recommendations 142 and 143 - various agents for the treatment of co-morbid insomnia in adults by consensus pending the requested amendments as per the discussion.

ACTION: Formulary recommendations to be updated in line with the discussion and progressed for ratification via Chair's approval

6. IMOC Terms of Reference (ToR) – Annual Review of the ToR

The IMOC Terms of Reference (ToR) has been reviewed and updated in line with the ToR annual review, the updates to the ToR were highlighted and provided within the agenda pack. The Committee noted the major changes to the ToR which included:

- An update to the declaration of interest (DoI) process which is moving to a new online declaration of interest system
- Inclusion of an overprescribing question within the formulary application regarding overprescribing and how the formulary application can support deprescribing of other similar treatments

A comment was raised in regard to updating the overprescribing question within the formulary application to consider how the formulary application can assist with the overall deprescribing of other medications.

Committee members approved the IMOC ToR by consensus pending updates as per the discussion.

ACTION: IMOC ToR to be updated in line with the discussion and progressed for ratification via Chair's approval

7. Updated Immune Thombocytopenia (ITP) adult pathway and outcomes and monitoring framework

The author was in attendance to present this item which has been updated to include recently approved NICE Technology Appraisals (NICE TA) for the management of immune thombocytopenia (ITP) - avatrombopag and fostamatinib.

A comment was raised in relation to whether there is a difference between chronic ITP and primary chronic ITP as the NICE TA indication for avatrombopag is specifically for primary chronic ITP. The presenter clarified that primary chronic ITP and chronic ITP are essentially deemed the same, as secondary chronic ITP rarely occurs. An additional comment was raised regarding the process which directs the choice of third line agents. The presenter clarified that this is mainly based on patient factors and the previous treatment the patient has trailed, but in general fostamatinib will be used in most cases unless there is an exceptional reason why treatment options such as splenectomy should be considered.

The draft outcomes and monitoring framework associated with the pathway was also noted by Committee members, however Committee members agreed a consultation of the outcomes and monitoring framework via the SEL IMOC membership would be useful before approval.

Committee members approved the updated immune thombocytopenia adult pathway by consensus pending updates as per the discussion and consultation of the outcomes and monitoring framework.

ACTION: Immune thombocytopenia adult pathway to be updated as per the discussion and progressed for ratification via Chair's action
ACTION: Outcomes and monitoring framework to be consulted on via SEL IMOC membership and re-presented for approval at a future IMOC meeting

8. Rituximab for the management of refractory autoimmune hepatitis (AIH) as a 3rd line option

This formulary submission originates from a Consultant Hepatologist at KCH and is supported by GSTT. The application requests the use of rituximab as a third line option for the management of refractory autoimmune hepatitis (AIH).

➢ Evidence review

The formulary pharmacist presented an overview of the efficacy evidence for the use of rituximab in this setting, the detailed evidence review was provided within the meeting agenda pack. The information

presented also included the estimated resource impact for rituximab in this setting. The resource impact of the submission is within the financial threshold that the Committee is authorised to approve.

- **Applicant's presentation**

The applicant's DoI was noted. The applicant clarified that the formulary submission is for the use of rituximab for the management of refractory AIH as a third line treatment option. The applicant also clarified that rituximab has already been used in 2 patients at the Trust in this setting as salvage therapy to avoid transplantation and significant biochemical improvement has been seen in both patients. The applicant additionally clarified usage is likely to be low and it is anticipated that no more than 2 to 3 patients per year will be treated with rituximab in this setting.

A comment was raised in relation to whether patients will remain on steroids and/or azathioprine whilst on rituximab. The applicant clarified that some patients may remain on their baseline treatments with the aim of reducing their immunosuppression treatment. Comments were also raised in regard to whether treatment with tacrolimus, sirolimus and ciclosporin will be considered ahead of rituximab and how often the second course of rituximab at 6 months would be required. The applicant clarified that tacrolimus, sirolimus and ciclosporin would be trialled ahead of rituximab; the second course of rituximab at 6 months will be used in patients who have tolerated and responded to the first course, a reduction in baseline medication has been successful and the patient may benefit from further treatment periodically (not every 6 months) to maintain response.

An additional comment was raised in relation to the availability of outcome data for the 2 patients where rituximab has been used in this setting and whether there is any outcome data such as prevention/delay in cirrhosis or liver failure. The applicant clarified that unfortunately it is too early to see these patient outcomes but they would be happy to present patient outcome data back to the Committee in the future if the application is approved.

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

Committee members discussed the application and members acknowledged there is rationale for the use of rituximab in this setting as well as an international consensus recommendation despite the low quality evidence. Members also appreciated due to the rarity of the condition and small patient numbers it is going to be difficult to obtain high quality randomised control trial evidence. Committee members noted that the applicant predicted use of rituximab in this setting at no more than 2 to 3 patients per year whereas the application notes 15 patients per annum, therefore if approved, alongside monitoring patient outcomes it would also be useful to monitor usage.

Committee members agreed by consensus a category of Red (hospital only) alongside outcome data to be presented back to the Committee.

ACTION: Formulary recommendation to be drafted and presented at a future meeting
ACTION: Outcome data to be presented back to the Committee at a future meeting

9. Updated continuous glucose monitoring (CGM) guidance following the March 2023 meeting

i. CGM in adults with Type 1 diabetes guidance and resources to support implementation
ii. Updated existing resources for adults with Type 2 diabetes and children/young people with Type 1 or Type 2 diabetes
iii. Formulary requests/recategorisation
- **Dexcom One™ sensors and transmitters**
- **GlucoRx Aidex™ sensors**
- **Freestyle Libre 2™ sensors**

The authors were in attendance to re-present the updated continuous glucose monitoring (CGM) guidance and associated resources following the discussion at the March IMOC meeting. Updated Freestyle Libre 2™ existing diabetes resources was also presented which has been updated to reflect

that the resources no longer cover adults with Type 1 diabetes, as this cohort is now covered by the new CGM guidance and resources. Comments were received in relation to minor typographical and formatting changes to the CGM and flash glucose guidance.

Committee members approved the updated CGM guidance and updated Freestyle Libre 2™ existing diabetes resource by consensus pending minor updates in line with discussion.

10. The use of beta blockers for the management of Long QT syndrome (LQTS) in paediatrics

i. LQTS in children primary care factsheet

ii. Formulary request for the use of atenolol in paediatrics for the treatment of arrhythmias

The author was in attendance to present this item; the LQTS in children primary care factsheet has been developed following the formulary submission considered in February 2020 for the use of bisoprolol as Amber 2 *(specialist initiation)* for the management of Long QT syndrome (LQTS) in paediatrics. The fact sheet provides background information to LQTS, the place in therapy of the beta blockers available for the management of LQTS and how to manage adverse events.

In addition to the approval of the fact sheet, Committee members were also requested to consider the formulary inclusion of atenolol in paediatrics for the treatment of arrhythmias as atenolol is a treatment option for LQTS but is not currently included within the local paediatric formulary for the management of arrythmias.

A comment was raised in regards to including guidance within the factsheet on the urgency of contact with a specialist if a child experiences adverse effects such as shortness of breath, dizziness or syncope.

Committee members approved the LQTS in children primary care factsheet pending updates in line with the discussion and the formulary inclusion of atenolol in paediatrics for the treatment of arrhythmias by consensus.

ACTION: LQTS in children primary care factsheet to be updated in line with the discussion and progressed for ratification via Chair's action
ACTION: Bisoprolol in LQTS formulary recommendation to be drafted and presented at a future meeting
ACTION: Atenolol for the treatment of arrythmias to be added to the paediatric formulary

11. Updated Clinical Effectiveness South East London (CESEL) guide sign off process

The author was in attendance to present this item, which has been updated to highlight the processes that underpin how the SEL IMOC and CESEL programme interface one another. The CESEL sign off guide has been updated to include areas such as the acknowledgement of timescales when developing a guide, particularly where financial sign-off is required and the regular meetings between the CESEL leadership team and the IMOC team.

Committee members approved the updated CESEL guide sign off process by consensus.

12. IMOC Workplan for 2023/24

The proposed workstreams for the SEL IMOC in 2023/24 were shared with Committee members, two workstreams from 2022/23 which are progressing well will be continuing in 2023/24 (osteoporosis treatment pathway and the menopause pathway).

New proposed workstreams for 2023/24 include guidance to support best practice prescribing in dry eye conditions which has been adapted from the pan-London guidance and guidance on the use of vitamins and minerals in people post bariatric surgery.

Committee members approved the SEL IMOC workplan 2023/24 by consensus.

13. Standing items/items for information only

- Formulary submissions tracker

Noted

- NICE Technology Appraisal (TA) Guidance Summary – ICS & 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 categorisation for finerenone for treating chronic kidney disease in type 2 diabetes is to be considered via the CESEL CKD Guide review

14. AOB

Committee members were requested to consider formalising the use of famotidine as an alternative to ranitidine in the local formulary in line with the long term supply shortage with ranitidine. Committee members agreed the addition of famotidine to the local formulary as an alternative to ranitidine by consensus.

ACTION: Famotidine to be added to the SEL JMF

IMOC dates for next 3 months

Date	Time	Venue
18th May 2023	2:00pm – 4:30pm	MS Teams
15th June 2023	2:00pm – 4:30pm	Hybrid – MS Teams/in person
20th July 2023	2:00pm – 4:30pm	MS Teams