South East London Integrated Medicines Optimisation Committee (SEL IMOC) Meeting
18 May 2023 (Meeting held via MS Teams)
Final Minutes

1. Welcome, introductions and apologies
The Chair welcomed attendees to the meeting. Apologies were noted.

2. Conflict of interests – declarations and DOI refresh
The Chair asked that any conflicts of interest with the meeting agenda be declared. No conflicts were raised.

3. Detailed action notes of the last meeting, minutes, and action log:
The action notes and minutes were accepted as an accurate record of the meeting pending the correction of minor typographical errors. Members were provided with an update on progress against actions due for this month, these were noted, and items closed were agreed

4. Formulary Submission: Colchicine for the secondary prevention of ischaemic heart disease

The item was deferred for a future IMOC meeting as further consultation with the cardiovascular sub-group is being taken forward.

5. Formulary recommendation 144 – Bisoprolol for the management of Long QT syndrome (LQTS) in paediatric patients

A formulary recommendation has been drafted following discussions at the last IMOC meeting. A minor comment has been shared via the Triage Panel review to update the recommendation regarding the place in therapy of nadolol and bisoprolol in LQTS.
The Committee approved the formulary recommendation for the use of bisoprolol for the management of LQTS by consensus.

6. Updated emollient guideline and patient information leaflet

The authors (including local specialists in attendance) presented this item to the Committee. The emollient guideline and patient information leaflet (PIL) has undergone a review with minor updates via the dermatology sub-group. Since circulation of the meeting agenda pack, it has been noted that paraffin-free emollient "Epimax™ oatmeal cream" does contain paraffin and the recommended product should be "Aproderm™ Colloidal Oat Cream". The guidance will be updated after the meeting to reflect this. A comment was raised in regard to the implementation plans for the updated guideline to ensure emollients initiated in secondary care are in line with the guideline. The presenter clarified there are plans to launch and embed the use of the guideline in secondary care through educational sessions
A comment was also raised in relation to adding the quantity of bath and shower emollients recommended for prescribing in primary care within the template letter.

Committee members approved the updated emollient guideline and patient information leaflet by consensus pending the requested amendments as per the discussion.

ACTION: Emollient guideline and patient information leaflet to be updated in line with the discussion and progressed for ratification via Chair's approval

7. i. Updated adult hyperhidrosis treatment pathway
ii. Recategorisation of glycopyrrolate 2% in cetomacrogol cream from Amber 2 to Green

The authors and borough lead presented this item to the Committee. The hyperhidrosis treatment pathway has been updated following the removal of botulinum toxin type A (Botox™) as a treatment option for axillary hyperhidrosis in SEL as well as a general update. Alongside the approval of the updated pathway, Committee members were requested to consider the approval for a recategorisation of glycopyrrolate 2% in cetomacrogol cream from Amber 2 to Green for the management of craniofacial hyperhidrosis. A prescribing factsheet to support the proposed Green recategorisation for

glycopyrrolate 2% in cetomacrogol cream has been produced to support the initiation and prescribing in primary care for GPs but is yet to be consulted on.

The Committee noted the resource impact associated with the use of glycopyrrolate 2% in cetomacrogol cream in this setting, the resource is within the financial threshold that the Committee is authorised to approve. Comments were provided by Committee members, including:

- GPs are not familiar with the diagnosis and management of craniofacial hyperhidrosis. A significant amount of education will be required in primary care if recategorised to green.
- A category of Amber 1 as opposed to Green would be more appropriate as the majority of this patient cohort will be reviewed by a specialist, who will decide regarding the suitability of glycopyrrolate 2% in cetomacrogol cream. An Amber 1 category will also enable GPs to build confidence in prescribing glycopyrrolate 2% in cetomacrogol cream in primary care.

Committee members approved the updated hyperhidrosis pathway and recategorisation of glycopyrrolate 2% in cetomacrogol cream from Amber 2 to Amber 1 by consensus pending the SEL wide consultation of the glycopyrrolate 2% in cetomacrogol cream prescribing factsheet. The preparation will remain Amber 2 until the factsheet is consulted on and approved via the Committee.

ACTION: Glycopyrrolate 2% in cetomacrogol cream prescribing factsheet to be presented at a future IMOC meeting following a SEL wide consultation
ACTION: Glycopyrrolate 2% in cetomacrogol cream recategorised as Amber 1 in the SEL JMF following the approval of the prescribing factsheet

8. Cariprazine outcome data for the treatment of schizophrenia in adults

The author was in attendance to present this item. Due to the small patient numbers provided within the previous outcomes data report presented in December 2021, the Committee at the time agreed a time limited recategorisation from Red (*hospital only*) to Amber 2 (*specialist initiation*) to enable further collection of outcomes data over a further 12 months. The main highlights from the report (covering April 2029 – April 2023) were summarised. The data indicate that the majority of patients initiated on cariprazine were in line with the locally agreed criteria for use. Since the previous report, fewer patients are initiated outside the agreed criteria and the pharmacy teams are more involved in ensuring use is in line with local criteria. Those outside local criteria are retained under management of the specialist team.

The author also reported that before the initiation of cariprazine, the mean number of hospital admissions was 1 day which reduced to 0.2 days after 12 months. The mean number of bed days before treatment with cariprazine was 49.5 days which reduced to 15 days after 12 months. Adverse effects included acute movement disorders, akathisia, sleep disturbances and severe headache which lead to treatment discontinuation in some patients. Committee members discussed the report and a comment was raised in relation to the follow up for patients after transfer of care to a GP and how often patients will be reviewed by the specialist. The presenter clarified that this has not been formally agreed but can be confirmed with the specialist team and fed back to the Committee.

Committee members approved the removal of the time limit on the recommendation for the use of cariprazine as Amber 2 (specialist initiation) for the management of schizophrenia by consensus. Committee members also agreed that it would be useful for the Committee to review outcome data in 2 years.

ACTION: Follow up arrangements by the specialist mental health team following transfer of care to the GP to be confirmed.
ACTION: Further outcome data to be reported back in 2 years

9. Proposal for the interim arrangements for the provision of COVID-19 treatments – hospitalised and non-hospitalised patients

The author was in attendance to present this item which outlines the proposal for the local arrangements of COVID-19 treatments (oral antivirals and neutralising monoclonal antibodies –

nMABs) in hospitalised and non-hospitalised patients following the transfer of funding arrangements for COVID-19 treatments from NHS England (NHSE) to Integrated Care Boards in April 2023. The detailed proposal was provided within the agenda pack.

The use of Paxlovid™ (nirmatrelvir and ritonavir), sotrovimab and tocilizumab for the management of COVID-19 is recommended in line with NICE Technology Appraisal (TA) 878. In the interim, until the second NICE TA is published, the Acute Trusts in SEL alongside the local COVID Medicines Delivery Unit (CMDU) are requesting Committee members to:

- Approve of the use of Paxlovid™, sotrovimab and tocilizumab as per the recommendations in NICE TA 878 and
- Consider the interim approval for the ongoing use of the oral antivirals and nMABs (remdesivir, molnupiravir, baricitinib and sarilumab) that are not currently covered by NICE TA 878 but use is in line with the existing NICE guideline (NG 191) and the interim and legacy NHSE Clinical Commissioning policies.

As the antivirals and nMABs used for the management of COVID-19 are excluded from the national tariff, the desired interim Red, Amber, Green, Grey (RAGG) category is Red *(hospital only).* Once the ongoing CMDU arrangements have been determined at a local level, the red category may require a review for the oral antivirals. The current usage data for COVID-19 treatments from the Foundry database was shared for information. These medicines were also identified through the annual horizon scanning process.

A request to the Committee was also made for the approval to use molnupiravir at Trusts via non CMDU routes in line with the proposal, as a third line treatment option for non-hospitalised patients with COVID-19. Currently molnupiravir is only available to non-hospitalised patients with COVID-19 via the CMDU, meaning patients must be referred for treatment which often leads to a delay in treatment in high-risk patient groups such as patients who attend dialysis units.

Committee members approved by consensus the use of antivirals and nMABs for the management of COVID-19 covered by NICE MTA 878. Interim approval was also granted for:

- The use of remdesivir, molnupiravir, baricitinib and sarilumab in line with NICE guideline (NG 191) and the interim and legacy NHSE Clinical Commissioning policies, with a category of as Red by consensus.
- The use of molnupiravir as a third line treatment for non-hospitalised patients with COVID-19 outside of a CMDU setting was also given interim approval under a Red category by consensus.

These interim approvals will be reviewed upon publication of the second NICE TA covering ,olnupiravir, remdesivir and tixagevimab plus cilgavimab for treating COVID-19 .

10. Recategorisation of domperidone to increase lactation from Red to Amber 1

The applicant and a paediatric specialist pharmacist were in attendance to present this item which was previously considered by the Committee in 2020. The consensus view in 2020 was that a recategorisation from Red to Amber 1 *(initiation in primary care after specialist recommendation)* for the off-label use of domperidone to increase lactation was not appropriate due to the short treatment course (7 days) and the cardiac risks associated with the use of domperidone in line with the MHRA alert.

The presenters clarified that currently the community maternity infant feeding teams do not include prescribers, and the teams would like the support of GPs to initiate the prescribing of domperidone (under an Amber 1 category) in primary care. There is interest to develop midwife prescribers for the service, however this will take some time to take forward and the development of a patient group direction (PGD) is currently difficult for the service to take forward due to the resource and training required. Domperidone in this setting is recommended as a last line treatment for 7 days, and all women will be reviewed by the community maternity infant feeding teams for further doses at a reducing dose for a maximum of 4 courses. In line with this, GPs will be required to prescribe one 28-day course of domperidone, women who require treatment beyond 4 courses will be referred to a specialist service. The presenters clarified they would be happy to develop a factsheet to support local primary care clinicians with the initiation of domperidone in this setting.

Committee members commented on the need for the service to explore and reconsider the timeline for the development of midwife prescribers or a PGD as the recategorisation request is due to a service gap which will inadvertently also impact on the service/workload of GPs in primary care. Although GPs are keen to support women with breastfeeding, as GPs will not be conducting the assessments, alongside the unlicensed use of domperidone in this setting and the MHRA concerns regarding the safety of domperidone, an Amber 2 categorisation *(specialist initiation)* would be more appropriate. This will enable the first prescription to be provided by the infant feeding team who has assessed the patient and following a review, transfer of prescribing to the GP would then be appropriate.

Due to the various concerns raised by Committee members regarding the service gap, off-label use of domperidone in this setting and the concerns around safety, Committee members did not approve the recategorisation of domperidone to increase lactation from Red to Amber 1 by consensus.

There was a consensus view from Committee members to recategorise domperidone in this setting from Red to Amber 2, however due to the lack of prescribers in the infant feeding teams and the need for one 28 day course to be prescribed, this recategorisation is not suitable for the service. Committee members recommended the service leads reconsider alternative mechanisms for the provision of domperidone in this setting, as the main barrier to prescribing is primarily due to a service gap.

11. Request to formalise Amber 3 category for hydroxycarbamide to treat sickle-cell diseases in paediatrics

The paediatric formulary pharmacist presented this item, hydroxycarbamide is currently noted as Amber 3 *(shared care)* in the paediatric formulary however as there has been no formal shared care guideline all prescribing of hydroxycarbamide in this setting has remained within the Trusts. For the management of sickle cell diseases in adults locally, hydroxycarbamide is categorised as Amber 2 *(specialist initiation)*. However, due to concerns with the prescribing and the administration of hydroxycarbamide in paediatrics, the specialist haematology paediatric teams would like hydroxycarbamide to remain as Amber 3 for paediatrics. The Committee noted the resource impact associated with the use of hydroxycarbamide to treat sickle cell diseases in paediatrics, the resource is within the financial threshold that the Committee is authorised to approve.

Committee members agreed by consensus to formalise the Amber 3 category for hydroxycarbamide to treat sickle-cell diseases in paediatrics subject to the development of the shared care guideline.

ACTION: Hydroxycarbamide to treat sickle-cell diseases in paediatrics shared care guideline to be developed and presented at a future IMOC meeting.

12. SEL IMOC workplan Q4 2022/23 update

The final update for the 22/23 SEL IMOC workplan was presented. It was noted that the treatment pathway for the management of headache disorders, implementation of the action plan developed to refine the approach to shared care in SEL and the long-acting antipsychotic injections (LAIs) in schizophrenia workstream have been moved into the ongoing workstreams under the Committee. The osteoporosis treatment pathway and menopause pathway are progressing well and will be continuing as part of the 2023/24 IMOC work plan. The Committee noted the workplan update.

13. Standing items

- The 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

IMOC dates for next 3 months

Date	Time	Venue
15th June 2023	2:00pm – 4:30pm	MS Teams
20th July 2023	2:00pm – 4:30pm	MS Teams
17th August 2023	2:00pm – 4:30pm	MS Teams