Minutes from the meeting held on Thursday 22nd September 2022 at 2pm via Microsoft Teams

Minutes

Present:

Dr Richard Chudleigh (RC), Consultant Physician, Diabetes (CHAIR),
Judith Vincent (JV), Clinical Director, Pharmacy & Medicines Management,
[redacted] Principal Pharmacist – Head of Operational Services (Deputy Chief Pharmacist),
Alan Clatworthy (AC), Clinical Effectiveness Pharmacist,
[redacted] Head of Prescribing and Medicines Management,
[redacted] Senior Pharmacist - Analytics & Logistics,
[redacted] Corporate Matron E-Rostering Lead,
[redacted] Consultant Physician, Diabetes,
[redacted] GP,
[redacted] GP LMC,
[redacted] Pharmacy & Medicines Management (Notes).

33/22 Apologies for absences:

Dr Anjula Mehta, [redacted] & [redacted]

34/22 Minutes of previous meeting: The minutes of the meeting held on the 14th July 2022 were accepted as a true record of the meeting.

35/22 Matters Arising:

Ryepo (21/22g & 28/22) – the action from the last meeting was to speak to the DXA Scan Clinic to ensure that they were aware of the importance of ensuring a DXA Scan is carried out for patients 12 month after starting treatment. AC has contacted DXA service to discuss the patient group and clarify access/waiting times but has not had a response. It was agreed to write to them on behalf of the group. ***Action: Richard Chudleigh***

In the meantime, prescribing will remain with [redacted] until the DXA Scan requirements can be resolved. We will then be able to make a final decision on whether we are able to transfer ongoing prescribing after the first year to Primary Care.

36/22 Metolazone (Xaqua):

The original licensed brands of metolazone were discontinued several years ago. Since that point SBUHB has accessed an unlicensed product for patients requiring treatment with metolazone. Xaqua is a newly licensed metolazone 5mg tablet for oedema in kidney disease or CHF. The unlicensed product can no longer be procured, and in line with MHRA advice, the licensed Xaqua preparation should now be used.

Comparative bioavailability studies have shown that the bioavailability of Xaqua may differ significantly (up to approximately 2-fold from other metolazone products).

MMOB were asked to approve Xaqua to replace use of unlicensed metolazone tablets. Also noting the safety issues associated with differences in bioavailability.

[redacted] advised that information has been circulated to GPs and messages have been added to Scriptswitch. The Medicines Management Team are in the process of identify patients and working

through a pathway to switch patients and monitor.

MMOB approved Xaqua approved for formulary inclusion. ***Action: Alan Clatworthy***

37/22 Ferracru update:

Feraccru usage for iron deficiency anaemia associated with IBD was approved within SBUHB during COVID19 pandemic. It is an oral iron preparation (ferric maltol) that may be better tolerated than other forms of oral iron. Its use was to avoid hospital attendance for intravenous iron in selected patients (with intolerance to other oral iron preparations) by gastroenterology IBD team. It was prohibited from full formulary acceptance due to a previous negative recommendation by AWMSG in a broader patient population.

AWMSG is re-evaluating, due for approval at its next meeting in this targeted group of patients. Adopt to formulary on Ministerial ratification.

MMOB were asked to provisional approve for formulary pending full Ministerial ratification. MMOB approved this request. ***Action: Alan Clatworthy***

38/22 New Product Requests & Formulary Amendments

a) **Upadacitinib (Rinvoq) Implementation Plan** – Upadacitinib is recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if:

- tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough, and
- the company provides upadacitinib according to the commercial arrangement.

Assess response to upadacitinib after 16 weeks of treatment. Continue treatment only if there is clear evidence of response, defined as:

- a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and
- a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.

Place in therapy: Third line option, for those failing on or not appropriate for anti-TNF therapy.

MMOB approved the implementation plan. **Action: Alan Clatworthy**

b) **Asciminib (Scemblix) Implementation Plan** – Asciminib is recommended, within its marketing authorisation, as an option for treating chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia without a T315I mutation after 2 or more tyrosine kinase inhibitors in adults. It is recommended only if the company provides asciminib according to the commercial arrangement.

Place in therapy: After 2 or more alternative tyrosine kinase inhibitors. Usual treatment for chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia without a known T315I mutation after 2 or more tyrosine kinase inhibitors is tyrosine kinase inhibitors such as bosutinib, ponatinib, dasatinib or nilotinib.
Although an allogeneic stem cell transplant can be a cure, it is not an option for many people.

MMOB approved the implementation plan. **Action: Alan Clatworthy**

c) **Abrocitinib (Cibinqo), Upadacitinib (Rinvoq), Tralokinumab (Adtralza) Implementation Plan** – Abrocitinib and upadacitinib are recommended as options for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults and young people 12 years and over, only if:

- the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable
- the companies provide abrocitinib and upadacitinib according to the commercial arrangement.

Tralokinumab is recommended as an option for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults, only if:

- the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable
- the company provides tralokinumab according to the commercial arrangement.

Stop abrocitinib, upadacitinib or tralokinumab at 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is:

- at least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and
- at least a 4-point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.

Place in therapy: As defined by NICE i.e. the disease has not responded to at least 1 systemic immunosuppressant, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are not suitable.

MMOB approved the implementation plan. **Action: Alan Clatworthy**

d) **Ozanimod (Zeposia) implementation plan -** Ozanimod is recommended as an option for treating moderately to severely active ulcerative colitis in adults, only if:

- conventional treatment cannot be tolerated or is not working well enough and infliximab is not suitable, or
- biological treatment cannot be tolerated or is not working well enough, and • the company provides it according to the commercial arrangement

Place in therapy: Third line option.
For adults whose disease has responded inadequately to, or are contraindicated to, conventional therapy.

MMOB approved the implementation plan. **Action: Alan Clatworthy**

e) **Oral Azacitidine (Onureg) Implementation Plan** – Oral azacitidine is recommended, within its marketing authorisation, as an option for maintenance treatment for acute myeloid leukaemia (AML) in adults who:

- are in complete remission, or complete remission with incomplete blood count recovery, after induction therapy with or without consolidation treatment, **and**
- cannot have or do not want a haematopoietic stem cell transplant.

It is recommended only if the company provides oral azacitidine according to the commercial arrangement.

Place in therapy: First line for adults with acute myeloid leukaemia who have complete disease remission, or complete remission with incomplete blood count recovery, following induction therapy with or without consolidation treatment who are not eligible for, including those who choose not to proceed to, haematopoietic stem cell transplantation.

MMOB approved the implementation plan. **Action: Alan Clatworthy**

f) **Methenamine** – Non-antibiotic alternative for recurrent lower UTI in women.

Methenamine was approved by MMB for formulary inclusion in 2017 for specialist only prescribing as a long-term treatment to avoid prolonged courses of antibiotics in recurrent urinary tract infections. 12 months later the formulary position was updated to allow prescribing in primary care following initial 3 months' assessment in specialist care. The proposal to extend formulary to include primary care initiation was made by Antimicrobial Advisory Group (AAG) to Primary Care Prescribing Advisory Group (PCPAG). This would allow appropriate incorporation as a non-antibiotic option, into the local lower UTI in women prophylaxis guidelines update from AAG.

PCPAG approved this recommendation, which now requires MMOB ratification before change of formulary status.

The Antimicrobial Pharmacists will be updating Microguide with the treatment course lengths and will be monitoring the usage.

MMOB approved this formulary request. **Action: Alan Clatworthy**

39/22 Policies for agreement and ratification:

a) **Patient Group Directions** – a list of current agreed protocols were noted. A copy of all PGD's can be found at: http://howis.wales.nhs.uk/sites3/page.cfm?orgid=988&pid=48028

b) **Adult Diabetes & Surgery Guidelines** – RC summarised the document and changes that have been made. Changes have been based on the Joint British Diabetes Societies Guidelines. If MMOB are happy to approve the guidelines the following actions were noted:

- Need to arrange printing of the charts.
- Produce an education video and carry out some educational training sessions.
- The chart will be piloted on a few wards prior to full implementation.
- Liaise with Pharmacy regarding supplies of dextrose and saline.

MMOB approved the guideline. **Action: Richard Chudleigh**

c) **Agreed pathway for substitution of Moviprep with Picolax on Endoscopy Request Form** – AC provided some background. There are ongoing supply issues with Moviprep so in the interim Picolax (3-sachet regimen) will replace Moviprep as the oral bowel regimen of choice.

MMOB supported this request and pathway. **Action: Alan Clatworthy**

40/22 Any Other Business:

a) Actimorph – AC provided some background and noted that discussions have taken place via the Medication Safety Group. Palliative Care are requesting that Actimorph is added to formulary for use in a small cohort of patients as an immediate release morphine orodispersible tablet as an alternative to Oramorph. They note the small doses required in some patients and the difficulty some patients experience with managing Oramorph liquid.

MMOB discussed noting the potential risks involved with confusion between brands, between immediate release and prolonged release formulations, and failure to recognise opiate formulations. It was agreed to update the prescribing systems to highlight opiate nature of the product, and that Actimorph it is an immediate release morphine

orodispersible tablet.

MMOB agreed to approve Actimorph preparations for palliative care use only but ensuring this is limited to low dose formulations 1mg, 2.5 mg and 5mg. Palliative care to review usage in 6 months. ***Action: Alan Clatworthy***

41/22 Date and time of next meeting:

Thursday 24th November 2022 at 2pm via Microsoft Teams

Agenda item	Action Required	Person Responsible
34/22	Minutes from 14th July 2022 – Approved to be added to the website.	KD
35/22	Ryepo (21/22g & 28/22) – send a letter to the DXA Scan Clinic	RC
36/22	Metolazone (Xaqua) – approved for formulary inclusion	AC
37/22	Ferracru – provisional approved for formulary pending full ministerial ratification	AC
38/22	a) Upadacitinib (Rinvoq) implementation plan – approved, to be added to the formulary b) Asciminib (Scemblix) implementation plan – approved, to be added to the formulary c) Abrocitinib (Cibinqo), Upadacitinib (Rinvoq), Tralokinumab (Adtralza) implementation plan – approved, to be added to the formulary d) Ozanimod (Zeposia) implementation plan – approved, to be added to the formulary e) Oral Azacitidine (Onureg) implementation plan – approved, to be added to the formulary f) Methenamine – approved, to be added to the formulary	AC
39/22	b) Adult Diabetes & Surgery Guidelines – approved. c) Agreed pathway for substitution of Moviprep with Picolax on Endoscopy Request Form – approved.	RC AC
40/22	Actimorph - MMOB agreed to approve Actimorph preparations for palliative care use only but ensuring this is limited to low dose formulations maximum 5mg	AC