

**Meeting of the Formulary Working Group (FWG)
Held on Friday 14th November 2014, Boardroom 1, Anglesey House, Rugeley**

		17/01/14	16/05/14	11/07/14	12/09/14	14/11/14	23/01/2015
Samantha Buckingham (SJB)	Stafford & Surrounds CCG Pharmaceutical Adviser	X	A	✓	A	A	
Mahesh Mistry (MM)	Head of medicines Management SES & SP CCG		✓	✓	✓	A	
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	A	✓	A	✓	
Nadini Budree (NB)	Mid Staffs Hospital	A	A	✓	✓	✓	
Lesley Brown (LB)	Acting Chief Pharmacist Burton Hospitals NHS	✓	✓	✓	✓	A	
Robert Weglicki (RW)	Practice Pharmacist representing East Staffs CCG	✓	✓	✓	✓	✓	
Sharuna Reddy (SR)	Pharmaceutical Adviser- CC CCG	✓	A	A	✓	✓	
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	✓	✓	✓	✓	✓	
Lesley Arnold (LA)	Medicines Support Officer- South Staffordshire CCGs	A	✓	✓	✓	✓	
Dr Anna Onabolu (DrAO)	GP Cannock CCG	✓	A	X	✓	A	
Dr Mukesh Singh (DrMS)						✓	
Dr David Cook		-	-	✓	-	✓	
Steve Kenyon		-	-	-	-	✓	

Key: ✓ = Attended

A = Apologies

X = Not Attended

Minutes:

1. **Welcome and Apologies** Actions

2. **No conflicts of interest were noted.**

3. **Minutes from previous meeting 11th July 2014**
These were approved as a True Record
4. **Matters arising from Actions**
 - **STOPP START Document - Agreed at Area Prescribing Group**
 - **Antiplatelet Guidelines** – LB not at the meeting to report on this LB
 - **Lipid Modifying Drugs** – Still to be discussed at CPAG MS
 - **Paediatric Antibiotic Formulary** – RW reported that this was only for use in Acute Hospitals only. DrMS asked if we should have a Paediatric Formulary for GPs. SR suggested this may be a good idea and we could perhaps work with North Staffs on this when the Antibiotic formulary is reviewed.

5. **Formulary Application for DuoResp (Spiromax)**

MS welcomed Dr Makesh Singh (DrMS) to the meeting and asked him for his review on Spiromax. DrMS thought this would be an invaluable addition to the Formulary although the evidence is not great. Indications are the same as Symbicort. This is now also licensed as a rescue medication. Also licensed for COPD. Easy to use inhaler and once the cap is opened the inhaler is activated. Significant cost saving. RW stated that the lower dose is licensed for SMART patients but in application it states avoid SMART patients this may complicate matters where switches are concerned. Dr MS would like this to be a First Line product on the formulary but not as a switch to start with until a patient is stabilised. MS said that if we exclude Relvar which is once daily this is the lowest price product of this class currently. DrCP added that there are a lot more Inhalers due to come onto the market in the next 6 months. MS thanked DrMS for coming and DrMS asked if he could be added to the distribution group for FWG.

ACTION: Add to the NetFormulary as **GREEN** with an advice summary of when it is appropriate to use. Review in 6 months' time all Inhalers and invite DrMS to attend. Dr David Cook came in after the discussions but would also like to be included in the Inhaler review and to ask peers with Respiratory interest from the East and West localities. SR asked if there could be a section for Pediatrics as this was a problem in Cannock at the moment around compliance and attitude. Agreed to arrange this for the March FWG meeting. LA/MS

(13/03/2015) Members of the group to identify who they think is needed at LA
ALL

6. **Incontinence Formulary**

This was accepted as an updated copy and has been uploaded on the NetFormulary and MS confirmed this is only the products that the Continence Nurses would recommend and does not include any drugs.

ACTION: LA to make sure this is the current version on NetFormulary

LA

7. **Formulary Application for Alprostadil Cream in ED**

MS was concerned that there is a lack of pathway for ED, this application had come from Secondary Care and stated that this would be suitable for 50+ patients. DrCP was concerned that on the application there was not mention of the effects this cream has with women as it burns and should not be used in women of child bearing age unless used with a condom and also queried that this should this be prescribed Privately.

ACTION : Due to some concerns the group it was decided to look into the ED Pathway in more detail. MS asked if the service provides for patients that would not be eligible for treatment in Primary Care. NB was not sure but thought that all patients would be treated equally. MS thought that the service should not be treating patients who are not eligible for NHS treatment. The proposal is that this is added to the Formulary for NHS patients and this was disagreed with by the NHS Regulations that GPs follow. SR highlighted that some GPs had contacted her about prescribing this and MS said that if a patient that is eligible for Muse or Cavaject and this was deemed more appropriate then ok for a GP to prescribe.

8. **Formulary Application for Xailin from the Ophthalmologists**

MS said these are basically cheaper options but would not be a simple switch exercise. MS was concerned about the confusion of the names with other similar products and was quite confusing. NB confirmed this was originally prescribed by a Wolverhampton Ophthalmologist for a Stafford patient. RW asked for it to be kept generic on Scriptswitch then the lowest cost acquisition could be used.

ACTION: Agreed for the Trust to use these, but willnot be added to formulary. Prescribing should remain generic allowing the most cost-effective option to be used in each setting.

9. **Lubiprostone RiCAD**

There were no comments so agreed to take to Area Prescribing Group for approval. This is licensed for men unlike Procalopride which is only for women.

MS

10. **NetFormulary**

MS said there is still a lot of work to be done on the new formulary including the wording of the RAG Rating. Some drugs are also entered on twice but in different sections as maybe for different indications and this also needs looking into. MS also highlighted Nifedipin and all the drugs that were included and these need rationalizing. DrCP said that she had looked at the NetFormulary

against their Formulary and had asked their Practice Pharmacist to highlight these in an email. Methylphenidate is Green on the Formulary, LA to change this to Amber. The Inhalers also need looking at. RW said that the NetFormulary was also highlighting inequity with neighboring formularies. MS asked the group how they felt about publishing the FWG and APG minutes on the NetFormulary and this was agreed and will keep the minutes on for 6 months then delete.

LA

LA

ACTION: Agreed to change the wording on the Rag Ratings to:

Red – Formulary approved Drugs for use by Specialist/Consultants only – not to be prescribed in Primary Care.

LA

Amber 1 – Drugs that should be initiated by a Specialist/Consultant which are suitable for continued prescribing in Primary Care.

Amber 2 – As Amber 1 but where a RICAD or ESCA is needed to support the safe and effective transfer or sharing of prescribing responsibility.

Green – Suitable for prescribing by all.

Grey (or black) – drugs that are considered low priority or less suitable for prescribing (current Grey list and PresQuipp Drop-List).

Agreed to produce a list of the recommendations for each section and then cover one section at a time within FWG. Links to supporting documents approved by APG are to be embedded within the appropriate formulary section as well as in APG resources on front page. E.g Emollient Guidance to be added to that section in the Formulary as well. HepB guidance to be added to the HepB section of the Formulary etc.

MS

LA

11. **Devices Policy**

SB had raised this as Derby has a Devices Policy and wondered if we should look at this and do a Policy. LA had pulled off the data over the last 12 months and circulated to the Advisers for their CCGs.

MS did not think that there was an awful lot prescribed. DrCP highlighted that there are some new Vaginal Dilators on the market and Consultants were asking GPs to prescribe them. RW said that there was also an issue with Dental products being asked to be prescribed by GPs.

ACTION: Need clarity around who should prescribe these products. Proposal for next meeting/ or via contract route.

12. **Mental Health Formulary Group**

SR highlighted that the Mental Health Trust are currently reviewing their formulary and would like nominees to attend if they felt it would be useful. They are reviewing the Hypnotics section on 26th November and she felt that they were useful meetings to go too and to find out more information.

ACTION: SR attending the Hypnotics and Paediatrics. If other people want to attend then please contact SR for dates of the meetings. SR to ask if they will

SR

share the minutes with this group after every review session.

13. **Erythropoietin Prescribing in Primary Care**

SR said that UHNS are repatriating Transplant Drugs and SR was concerned that GPs thought that Erythropoietin was also being repatriated back to the Acute Trusts. Do we need to look at this? MS explained how this used to be done when we were a PCT, but pointed out that the repatriation would only be for patients receiving renal dialysis. Not all prescribing is likely to be suitable for repatriation.

ACTION: The issue is that the Trust may not see this as a priority although this may be a gain sharing exercise that could be done. These drugs are currently specialised but may come back to CCGs from April.

14. **Any Other Business:**

NB announced she has a new job in Stoke so will not be attending the FWG meetings anymore but would like to come to the Respiratory meeting. Angela Davies will be looking after the formulary at Stafford.

RW – Ulipristal for shrinking fibroids. Not reflected on the NetFormulary that its agreed one month to be prescribed by Consultant and then two months by the GP. Do we need a RICAD or an ESCA?

ACTION: MS to do some words to add to NetFormulary.

MS

18. **Date and Time of Next Meeting:**

Friday 23rd January 2015 in the Boardroom, Edric House, Rugeley

**Agenda
Items to
Lesley by
Friday 9th
January 2015**