

**Meeting of the Formulary Working Group (FWG)
Held on Friday 16th May 2014, Boardroom 1, Anglesey House, Rugeley**

		6/9/2013	1/11/2013	17/01/2014	16/05/2014	11/07/2014
Susan Bamford (SB)	Head of Medicines Management East Staffs CCG	A	A	A	A	
Samantha Buckingham (SJB)	Stafford & Surrounds CCG Pharmaceutical Adviser	A	✓	X	A	
Mahesh Mistry (MM)	Head of medicines Management SES & SP CCG				✓	
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	✓	A	
Nadini Budree (NB)	Mid Staffs Hospital	✓	✓	A	A	
Nick Yong (NY)	Mid Staffs Hospitals			✓	-	
Lesley Brown (LB)	Acting Chief Pharmacist Burton Hospitals NHS	✓	✓	✓	✓	
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 Eleanor Lochee-Bayne (DrLB)	Dermatologist – Mid Staffs		✓			
Dr Peter Harvey	Lead Ophthalmologist Queens Hospital			✓		
Dr Anna Onabolu (DrAO)	GP Cannock CCG		✓	✓	A	

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**

These were approved as a True Record with the exception of a typo point 5.

4 **Matters arising not on minutes**

MS announced he had taken over as the Chair for this group and was concerned that there was no Terms of Reference for the group. This would be picked up later in the agenda.

5. **Actions from the last minutes**

SR to action setting up a sub group to look at the STOPP & START criteria and Polypharmacy in the elderly. MS said that an update is required for the next meeting. As t plans and progress. However the tool itself is well established. MS to bring the STOPP & START Tool MS to the next meeting for the group to adopt.

RW reported that he meets with Peninsula Health each month who are a Private Health Care enterprise that East CCG have a contract with, to look at Formulary Compliance. The contract is up in August / September after which provision may change. Formulary compliance will therefore need to be specified in any new contract arrangement. RW

Fluorometholone (FML) – eye section -needs to be AMBER LA

LB has emailed the consultant about tafluprost and his usage. If still needed as well as Latanoprost then a formulary application to be done. MS to check with SB/SR as to whether the Eye Clinic is still open at Cannock. MS

Haelan Tape – Dr Eleanor Lochee-Bayne had not sent in a Formulary Application
Crystacide - Dr Eleanor Lochee-Bayne had not sent in a Formulary Application

Actikerall and Efudix – MS happy to move to AMBER for GPs with

Special Interest (GPSI) in Dermatology only but not for GPs to prescribe when initiated by a Consultant if not trained. DrCP to send link of document showing how to use this to MS.

DrCP

Decision: FWG not happy to move these agents to AMBER-treatment pathway needs to be defined before considering a decision as to whether AMBER would be appropriate with conditions.

Pain Guidelines – Feedback still required from Stafford & Surrounds and Cannock CCGs. There was a lot of discussion about the draft from the Burton Pain Clinic by Peter Farley . FWG view was that the guideline to be very complicated and too much information than the one that DrJC had asked for us to adopt from Nottinghamshire APC.

ACTION: Description needed for the RAG rating and also to pick up low cost options. Also need to look at the Laxative choices – Michelle Lord to look at this and give recommendation and to look at the LMSG website. MS to receive this amended document back to agree at the next APG meeting in June.

MM/ML

LB to check with Dr Peter Harvey about pathways for allergic conjunctivitis and the treatment of dry eyes.

LB

North Staffs Emollient Guide – MS announced that Paul Fieldhouse was now the Clinical Director of Pharmacy Services at SSOTP and hoped that there would now be more engagement with them.

ACTION: Agreed not to adopt until more work has been done as recommendation to use the product of lowest acquisition costs needs to be included. RW offered to do some work on this with the Technicians and then review this annually to make sure that options remain cost effective.

RW

Degludec – Following the East Staffs decision to decommission the community diabetes service and transfer complex care to Burton hospital LB reported that this had been considered by the Burton D&T and agreed that any patients already on this would continue and the CCGs would be charged. No new patients would be initiated..

6. **Formulary Application for Relvar in Asthma by Dr J H Yeoh** – This is a new inhaler and the reason for request was that it is effective, easier for patients to use, may improve compliance and a once daily combination inhaler and cheaper than other current equivalent formulary alternatives. He felt that this was a better device and demonstrated this.

There is an issue with the colour as the label is blue which means

“reliever” and not a preventative.

MM said that MTRAC had done a review on COPD and were concerned about the safety aspect of the colour of the label and also the name of the device.

MS was concerned about the dosage of this device as the lowest dose equated to a high dose equivalent of FP, removing the option to “step down”. Dr Yeoh said that this would be for Step 3B for more severe patients due to its high dosage which may be an issue. MS had concerns about the Once Daily application. MS had looked at the prescribing and was surprised how much GPs were already prescribing this product. In summary, the evidence for this product was that it appears to be non-inferior to existing options, but with a marginal cost benefit when using the lower dose. There were concerns about the stepping up and stepping down process with this device, as well as concerns relating to safety due to the name and colour of the device.

MS

ACTION: It was reported that the Mid Staffs D&T had approved this as RED, and how this would work in practice was queried as such a status would not allow GPs to prescribe. Dr Yeoh stated that he would prescribe for a small number of patients for whom he thought this product would be of benefit. It was agreed to make this RED for Specialist Consultant prescribing ONLY and agreed to review in 6 months’ time this when further guidance is available. MS informed Dr Yeoh that he could use the IFR process if he had a patient that he thought was exceptional. It was made clear that GPs would not be likely to accept prescribing responsibility for this.

7. **Topical Corticosteroids Guidelines** – Haelan tape to be taken off. Synalar C and Synalar N both available but need to be RED. Nerisone Forte to be RED. LB to check with the prescribing data for Clobetasol propionate/ Neomysin Sulphate and Nystatin. DrCP asked for Timodine and Nystaform HC to be added into the Moderate with Antimicrobial section. RW to bring back to the next APG meeting with amendments.

RW

8. **RICaD’s**

- Exenatide[▼](Byetta[®]) – For the treatment of type 2 diabetes mellitus
- Liraglutide[▼](Victoza[®]) - For the treatment of type 2 diabetes mellitus
- Lixisenatide[▼](Lyxumia[®]) - For the treatment of type 2 diabetes mellitus

- Exenatide prolonged release[▼] (Bydureon[®]) - For the treatment of type 2 diabetes mellitus
- Lixisenatide, liraglutide or Exenatide for Type 2 diabetes – patient information and agreement form

These have been to previous meetings and originally came from Heartlands, they are all currently on our formulary and agreed to accept.

RW said that the West has a Diabetes pathway and East CCG are not happy with it. DrJC is trying to get this pathway passed. This was designed by Phil Coates but part of it did not follow NICE guidance. LA to send copy to MM. RW, DrCP, DrJC and MM to meet to discuss the options of setting up this pathway in the East.

LA

RW/MM/DrJC/DrCP

9. **Formulary Application for Vesomni**

This had been rejected at Heart of England and Burton D&T Committees. This decision was received for information

10. **Terms of Reference for the Formulary Working Group**

MS said that the group needs to be more robust around decision making and governance. Need to document in the minutes of all decisions made and give evidence as to why such a decision has been made. This group will report to the Area Prescribing Group which reports to the Quality Committees of each of the CCGs.

Action: MM asked for Pathways to be added in. Need to agree Quoracy of the group and MS to invite Clinical Director of Pharmacy at SSOTP (Paul Fieldhouse). MM asked for a timeframe to be put on Formulary Applications – agreed that they need to be received 2 weeks prior to the meetings or will be on the Agenda of the next meeting.

MS

Terms of reference were otherwise agreed.

11. **Any other Business**

Joint Formulary - MS explained about a Web based formulary and suggested using some of the money that had been disinvested from the Keele service. The product is called Net Formulary and could be tailor-made to our organization; it has direct links to NICE and the BNF. There is a demo which is <http://www.netformulary.co.uk/> although MS had not found this very helpful as a lot of the links do not work but you can see the functionality. The cost is £2200 to set up initially and then £1200 per year for the one formulary to be shared across the CCGs. It has Rag rating and Traffic lighting and it includes the whole BNF but if not included on our formulary will automatically be RED. MS is meeting with them to discuss the options on maintaining this and initially setting it up. MS asked the group to look at this and feedback any questions or ideas.

FWG Work Programme

- Pain Guidelines
- NOACs – look at by indication
- Work to be done in-between meetings and then bring back to the next meeting
- Monitoring of Formulary Compliance – LA had pulled of data for the last quarter and showed % of items of Formulary Compliance and then also identified the cost of Non-formulary drugs. MS suggested that we do this piece of work periodically and would then expect the Pharmaceutical Advisers to look for any anomalies and could then look deeper into the prescribing areas. LA to check with Nikki Chapman that she will be updating the Formulary Compliance Tags. MS asked for this not to be shared anywhere as was only intended for this group at the moment. MM would like an overall % of compliance to be added for each CCG. LA to circulate to the Prescribing Advisers so that it can be adapted to their own individual needs.
- MM had an issue with the Seisdon area that some of their patients go to Dudley and Wolverhampton and they have a different formulary and say that our formulary does not apply to them. MS said that if it is best practice then there should not be too much variation. The problem would be that if they are not prescribing within best practice then this should be challenged. MM said that he has agreed for Ravi to look at this and that he hopes to work more closely with the Dudley and Wolverhampton CCGs on this issue.
- MS suggested that at the next meeting we focus on a section to look at Non-Formulary Compliance. It was agreed to do Central Nervous System (CNS). Agreed to look at the data and then invite Cathy Riley to answer any issues to the next meeting. Also to look at the CNS section of the Formulary but may need to split this up into sections.
- MM asked if the minutes of the PAN Birmingham formulary should feedback to FWG or APG. MS said that if MM had any issues that he thought needed raising then to bring to this group. MM to bring any Shared Care guidelines to this group from PAN Birmingham. MS said that he wants to produce more ESCAs and hopes that practices will sign up to them or they will not get paid for doing them.
- LB said that Good Hope is sending out patients on Apixaban which is not on the Burton Formulary. DrCP said that they have a Shared Care Agreement for this from Heartlands. MS

LA

MM

to ask Tania Carruthers for all their ESCAs for NOACs.

MS

- RW said there was an issue with Vitamin D and GPs spend a lot of time in discussion with patients over this. MM said that there is a guideline but RW said it does not state anything about maintenance of this drug and does it ask patients to buy or for GPs to prescribe. MS said that the current guidance needs expanding on and asked RW to get the Derbyshire guidelines and to liaise with MM and add to the next APG Agenda.

RW

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

**Friday 11th July 2014 in the Boardroom, Anglesey House, Rugeley
WS15 1UZ**