

Enclosure 1

**Meeting of the Formulary Working Group (FWG)
Held on Friday 22 January 2016, Board room 1, Edric House, Rugeley**

		17/01/2015	29/05/2015	31/07/2015	18/09/2015	22/01/2016
Samantha Buckingham (SJB) Chair	Pharmaceutical Adviser Stafford & Surrounds CCG	X	✓	✓	A	✓
Maresh Mistry (MM)	Head of Primary Care and Medicines Optimisation SES & SP CCG	✓	✓	✓	✓	A
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	✓	A	✓
Lisa Nook (LN)	Principal Pharmacist in Surgery Burton Hospitals NHS Foundation Trust	-	-	-	✓	✓
Sharuna Reddy (SR)	Pharmaceutical Adviser CC CCG	✓	A	A	✓	✓
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	✓	A	A	✓	✓
Dr Anna Onabolu (DrAO)	GP Cannock CCG	✓	A	A	A	X
Dr Mukesh Singh (DrMS)	GP Cannock CCG	-	✓	A	✓	A
Lesley Arnold (LA)	Medicines Support Officer- South Staffordshire CCGs	A	✓	✓	✓	✓
In Attendance:						
Sarah Orme (SO)	Diabetes Specialist Team Leader Hednesford Valley Health Centre	-	-	-	✓	X
Mr George Delves (GD)	Consultant Urologist Burton Hospitals NHS Foundation Trust	-	-	-	✓	X
Mr James Paton (JP)	Microbiologist Burton Hospitals NHS Foundation Trust	-	-	-	✓	X

Key: ✓ = Attended

A = Apologies

X = Not Attended

Minutes:

- | 1. | Welcome and Apologies | Actions |
|----|---|--|
| | Apologies as per front sheet | |
| 2 | No conflicts of interest were noted.
SB Medicines and Prescribing Associate for NICE. SB completed the Declaration forms. | |
| 3. | Minutes from previous meeting September 2015
These were approved as a True Record. | |
| 4 | Matters arising not on minutes
Hydrocortisone Enema – On-going as Dr Singh was not present.
Emerade – On-going as MM not present.
Colomycin ESCA –MM reviewed the amendments and sent back to Sam Hardy to do the ammendments. SB to speak to Sam Hardy.
Risk Assessment for the Dementia Services | DrMS
MM
SB
SR |
| 5. | Formulary Working Group Queries
Apomorphine – AMBER2 (ESCA needed)
Azathioprine – AMBER2 (ESCA needed) to remain RED for Transplant
Cabergoline - GREEN
Canaglifloxin (Invokana) - GREEN
Dapagliflozin (Forxiga) - GREEN
Denosumab – AMBER2 with a RiCAD (Some practices in East Staffs and Cannock not prepared to do this service due to the low payment for the amount of work to be done) SJB to speak to MM to see how many have signed up.)
Desmopressin – AMBER1
Dexamethasone with Antibacterials (Tobradex) – RED with a message on Scriptswitch for GPs
Duloxetine (Cymbalta) – GREEN for peripheral neuropathy in Diabetics
Exenatide (Byetta) – (Hold until Diabetes Guidelines done)
Fesoterodine (Toviaz) – GREEN 2nd Line
Fluorometholone FML – AMBER1
Lanreotide - RED
Liraglutide (Victoza) - (Hold until Diabetes Guidelines done)
Lixisenatide (Lyxumia) - (Hold until Diabetes Guidelines done)
Mirabegron (Betmiga) – AMBER1
Octreotide – RED
Solifenacin (Vesicare) – GREEN 2nd Line
Somatropin – AMBER2 (ESCA needed)
Testerone Injection Sustanon 250 – AMBER1
Actikerall – RED but do to considerable confusion over these need to review the section of actinic keratosis and skin lesions.
Post Transplant Drugs – all now red. Existing patients currently being | |

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repatriated to specialist centres.
Growth Hormone Drugs – AMBER2 (ESCA needed)
Tibolone - GREEN
Lorazepam - GREEN
Typical Antipsychotics – AMBER2 (ESCA needed)
Amisulpride – AMBER2 (ESCA needed)
Antipsychotic Depot Injections – Maybe issues with collection of these in the Lichfield & Tamworth area due to changes in contract within SSSHFT
Valproic Acid – AMBER1
Venlafaxine – GREEN 2nd Line
Duloxetine – AMBER1 for Depression
Ondansetron – AMBER1 for Licensed indications. RED for any other indications
Amitriptyline - GREEN
Gabapentin - GREEN
Riluzole - RED
Amiodarone with guidance to monitor – AMBER1
Tacrolimus – RED (Orally)
Trospium (Regurin XL) – GREEN 2nd Line
Ulipristal Acetate (Esmya) – AMBER1
Vigabatrin (Sabril) – AMBER2 (ESCA needed)
Empaglifozin - (Hold until Diabetes Guidelines done)
Ciclosporin – AMBER2 (ESCA needed) for all indications
Nebido Injection for Testosterone – AMBER1
Restandol – AMBER1
Testosterone & Esters Testogel – AMBER1
Immunomodulatory Drugs – Need to check which need ESCAs
All NOACs – GREEN. Diltiazem cream 2% - GREEN Unlicensed and Expensive
Eplereone – AMBER2 with a RiCAD
Prazosin – GREEN 2nd Line
Ursodeoxycholic Acid – AMBER1
Actrapid 500U - RED
Depot Antipsychotics - RED

Action: LA to make ALL the changes on NetFormulary

LA

6. **Management of recurrent UTI in women – Pathway for Hiprex**
Dr George Delves had sent this for comments – Hiprex agreed as AMBER1. The guideline does not state the time frame for Hiprex 1 BD so more clarity needed on this pathway. LA to email Dr Delves and then to go to APG.
7. **Lacosamide** – Mr Soryal has asked for this to go from RED to AMBER1. Agreed once the patient is stabilised. Does not require intensive or close monitoring. Happy to approve change to AMBER 1 – LA to update net.formulary.
8. **Inhalers on NetFormulary**

LA

LA

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LN said that they keep getting prescriptions for a generic Seretide (Sirdupla) within BFTH. This is still non-Formulary although cheaper. Community Pharmacists can prescribe either if marked as generic.

9. **Specials Recommended by the British Association of Dermatologists for Skin Disease**

Useful reference source therefore should be included within the net.formulary.

LA

10. **ESCA's from South Staffordshire and Shropshire Healthcare**

- Methylphenidate (immediate release and long acting), Dexamfetamine and Atomoxetine for ADHD in Adults.
- Lithium. Has significant monitoring within Primary Care.
- Fluoxetine in Children & Adolescents. This may change to include all the SSRI's.

SR said that they are currently doing a lot of Formulary reviews at the moment and that she will bring them to the next FWG meeting but have already been ratified by the SSSFTH Medicines Committee. They have done some new Hypnotic guidance and trying to support Non-Pharmaceutical interventions. A recent review they have done is with the CHAMs team and reviewing all their medicines including Melatonin. The problem with this is the range of doses. SJB suggested doing an audit on this drug in practices through Joint QiPP group. Antipsychotic guidance has been reviewed and will bring that the FWG. SR gave the names of new members to the SSSHC New Clinical Director is Emma Lambert, Lisa Angel is the Finance person and Mo Azhar is the Deputy Pharmacy Director.

Actions: SR to feedback comments

- DrJC has had a Consultant prescribing Atomoxetine for Children and SR said this was third line.
- SB queried that the first ESCA requests a GP has to sign to accept but the other two a Non-response is taken as acceptance. The group thought that GPs need to sign to accept. The Hospital needs to have the ESCA signed by GPs for acceptance of the ESCA.

SR

11. **Formulary Contract Queries**

Colomycin – in the process of having an ESCA. SJB to follow up to see what happens with Colomycin at Wolverhampton D&T and SB to find out what is happening at Burton D&T

SJB/SB

S/C Methotrexate – LA to do an E pact search but think this is prescribed locally within the Trusts.

LA

12. **Birmingham, Sandwell, Solihull and environs APC Minutes 14.05.2015 0515/11 Urology Review**

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Oxybutinin IR – Green 1st Line

Oxybutynin MR – Green but more expensive

Oxybutynin patch – Amber if patients cannot tolerate oral agents

Mirabegron – Green for patients not tolerating / with contra indications to antimuscarinics, in line with NICE

Duloxetine – Red

Tolterodine – Green

Tolrerodine MR – Green but more expensive

Solifenacin – Amber but more expensive

Fesoterodine – to be removed and notify BWH to consider an application if required on the formulary

Darifenacin – Remove

Oxybutynin 3mg significantly more expensive than then the 2.5mg and 5mg strengths. Agreed to remove the 3mg from the formulary due to being less cost effective and a note to be placed on the website to reflect the preferred strengths.

Actions : Agreed to remove the 3mg with a note on the South Staffs Formulary

LA

PDE-5 Inhibitors – members discussion

Sildenafil is Green 1st Line, no restrictions on quantities to ensure adequate trial

Tadalafil is Green but more expensive, on demand preparation only, quantities in line with HSC guidance (max 4 tablets per month), SLS criteria still apply

Avanafil and Vardenafil to be removed

Alorostadil Injeciton – Amber

Actions : SJB to speak to MM about the Once Daily Tadalafil. Not appropriate to change local guidance without a proper review of the evidence therefore a full review is required.

SJB

12.

Any Other Business

Tapentadol – DrCP said that this is still coming through to Primary Care and is Non-Formulary on our Formulary and RED on Birmingham's. The Pain Team were asked to do a Formulary Application but they have not done this so far. This is on the Drop List and therefore not prescribable in this area.

ESCA Template

SB tabled a DRAFT ESCA Template that Sam Hardy will take to any Consultants that prescribe a drug that requires an ESCA if there is not one already. This will be when the new system is in place in March 2016. The Consultant will then be asked to write the ESCA for the drug. SB to meet with Sam Hardy next week to find out how this will work with her other work in Derby. Once agreed at the APG meeting they can be adopted by the other Trusts if needed. Birmingham have also just upgraded all their ESCAs and these could be adopted to save duplication on the new

SB

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template.

Midodrine – LN wanted to know if GPs will prescribe this now that there is a Licensed Product for orthostatic hypotension. LN to ask the Consultant to do a Formulary Application for this.

LN

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

**Friday 18 March 2016 in Boardroom 2, Anglesey House, Rugeley WS15
1UZ Time : 1pm – 3pm CANCELLED**