

Enclosure 1

**Meeting of the Formulary Working Group (APG)  
Held on Friday 31 July 2015, Board room 2, Anglesey House, Rugeley**

		6/9/2014	1/11/2014	17/01/2015	29/05/2015	31/07/2015
Susan Bamford (SB)	Head of Medicines Management East Staffs CCG	A	A	A	A	A
Samantha Buckingham (SJB) <b>Chair</b>	Pharmaceutical Adviser Stafford & Surrounds CCG	A	✓	X	✓	✓
Mahesh Mistry (MM)	Head of Primary Care and Medicines Optimisation SES & SP CCG	✓	✓	✓	✓	✓
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	✓	✓	✓
Nadini Budree (NB)	Pharmacist Mid Staffs Hospital	✓	✓	A	A	A
Lesley Brown (LB)	Pharmacist Burton Hospitals NHS	✓	✓	✓	✓	-
Robert Weglicki (RW)	Practice Pharmacist representing East Staffs CCG	✓	✓	✓	✓	✓
Sharuna Reddy (SR)	Pharmaceutical Adviser CC CCG	✓	A	✓	A	A
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	✓	✓	✓	A	A
Dr Anna Onabolu (DrAO)	GP Cannock CCG		✓	✓	A	A
Lesley Arnold (LA)	Medicines Support Officer-South Staffordshire CCGs	✓	✓	A	✓	✓

**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.**

MM announced that a log for any Declarations of Interest is being set up for FWG and APG and will be updated retrospectively for the last 12 months and then anything that is relevant is declared and this will then be updated. SB to draft an email and then get LA to send this out. MM to send SB an attachment that can be used.

**SB/MM**

3. **Minutes from previous meeting**

These were approved as a True Record.

4 **Matters arising not on minutes**

RW said he was going to go through all the drugs that need ESCA's and RiCADs with Sam Hardy. MM said they do not use RiCADs in Derby so may be adopting some of ours. RW confirmed that ESCAs are specific to Acute Trusts and will therefore be difficult to have a shared South Staffs wide one. MM suggested if there are ESCAs out there then can we adopt them from the relevant areas to save duplication and then just fill in the gaps where there are no Shared Care Agreements.

**RW**

**Lumigan 0.03% Eye Drops** – RW thought that a decision has been made and will be on the next D&T minutes.

**COPD Guidelines** – Agreed at APG and uploaded

**Diabetes Guidelines** – RW had updated the Diabetes Guidelines and showed them to Phil Coates who was very impressed. Changes to be made:

- Glitazones to be put lower down with a statement of “reserve use for special circumstances, e.g. patient does not want GLP-1 injection, insulin (eg. Job requires driving) etc.”
- Add in GLP-1 to Dual Therapy with a statement emphasising maybe started here if weight loss is a therapeutic priority at Dual Therapy stage.
- Colour code the sections **GREEN** and **AMBER**.
- Add into the HbA1c Targets with the wording to say “Achieve agreed patient individualised HbA1c target\*Review in next 6-6 months. Take out the figures.

**RW to do all**

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- Add a target for Gliptin and SGLT2's. RW to add a comment. **amendments**  
Prescribing costs are increasing and this will give GPS a safety net and be able to extend the time on a certain drug before referring to a Consultant. RW to update with comments and then re-circulate for **RW** comments before taking to APG. RW to also send to the GPs in the Burton steering group for comments.
- Vitamin D Guidelines added to NetFormulary **MM**
- Emerade® – MM has the information to review and then feedback.
5. **Feedback from the FWG Task & Finish Group**  
Buprenorphine patches currently non-formulary but in the APG approved pain guidance that says “Low-dose for frail elderly”.  
Action add the lowest strength to the Formulary with a quote from the **LA** pain guidelines or add the link.
- Fluoxetine is GREEN but there is an ESCA for Fluoxetine in use with children so agreed to have 2 entries one for adults and one for **LA** paediatrics.
- Prophylaxis for Migraine – Topiramate is now cost effective but not on the formulary. Agreed to add to the formulary as **GREEN** **LA**
- 6 **Formulary Application for Epiduo Gel** – One of the Practice Pharmacists thinks this will be a saving to the CCGs. RW stated that this was added to the NetFormulary when the Skin section was updated. Agreed to leave as **GREEN**. MM said that any future Applications need to be signed by a **All Advisers** clinician or will not be accepted. Advisers to watch the prescribing in their localities.
7. **Formulary Application for Hiprex to treat UTI's** – Mr George Delves, Consultant Urologist at Burton Hospital. In our current Antimicrobial Guidelines it states “Methenamine hippurate may be recommended by a specialist. It is effective at preventing UTI in patients without known upper renal tract abnormalities. Adverse events caused by methenamine are rare.”  
Action: **LA** to invite Mr. Delves to the next meeting to discuss the case for having this on the Formulary. DrJC also thought we need a microbiologists view as well.
8. **ESCA for Colomycin** – SH to make more clear as to whether this is for non-Cystic Fibrosis or Cystic Fibrosis patients. The last paragraph in Section one is not clear although the title states for Non-CF patients. Who will provide the needles and syringes? Feedback comments to be emailed to Sam Hardy then bring to the next meeting. DrJC raised that **SB** this an unlicensed drug for this use and maybe should remain Specialist

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- treatment only. MM said on the NetFormulary there needs to be a note saying "Treatment by Inhalation not for IV". **LA**
9. **Rifaximin RiCAD** – MM said that this had been discussed before and TC had forwarded this from HeFT. Agreed to adopt and add our logo. SB said this was discussed at North Staffs and they are looking to do an ESCA for this as they do not use RiCADs. SB to share this RiCAD with North Staffs. **SB**
10. **Lubiprostone RiCAD** – this was agreed. LA to add the same comments on the NetFormulary as Procalopride. **LA**
11. **Glargine Bio-Similars** – MM said there was now a Bio-Similar for Glargine made by Lilly and there is another one out in September to be used in Primary Care. Most prescriptions for Glargine are Generic and therefore a risk that a patient could end up with a Bio-Similar. How do we want to approach these new drugs? RW said he had heard that you need a statement from NHS England and look at what MHRA states. MM to speak with MS but may need a discussion to see if there is a difference between the Brand and a Bio-Similar. Do we need Applications for all Bio-Similar? Agreed they all need to be discussed at FWG or APG. RW to forward a PowerPoint presentation on Bio-Similars from someone in the South West. **RW**
- The concentrated version of Glargine (Lantus U300) is also out but this will be non-formulary. Formulary Application to be submitted by Phil Coates to LA. Once application received then invite Phil Coates and Sarah Orme to the meeting. MM to do a statement for Bio-Similars and take to APG. Advisors to make sure a comment is added to Scriptswitch to say Glargin to be prescribed by Brand only. **LA**  
**MM**  
**All Advisers**
12. **Any other Business**  
None
13. **Date and Time of Next Meeting:**
- Friday 18<sup>th</sup> September 2015 in Boardroom 2, Edric House, Rugeley**  
**WS15 1UZ Time : 1pm – 3pm**