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**Meeting of the Formulary Working Group (FWG)
Held on Friday 20th May 2016, Board room 1, Anglesey House, Rugeley**

		29/05/2015	31/07/2015	18/09/2015	22/01/2016	20/05/2016
Samantha Buckingham (SJB) Chair	Pharmaceutical Adviser Stafford & Surrounds CCG	✓	✓	A	✓	✓
Mahesh Mistry (MM)	Head Medicines Optimisation SES & SP CCG	✓	✓	✓	A	A
Dr Judith Crosse (DrJCr)	GP ES CCG	✓	✓	A	✓	
Lisa Nock (LN)	Principal Pharmacist in Surgery Burton Hospitals NHS Foundation Trust	-	-	✓	✓	✓
Sharuna Reddy (SR)	Pharmaceutical Adviser CC CCG	A	A	✓	✓	A
Susan Bamford (SB)	Head of Medicines Optimisation NICE Medicines and Prescribing Associate East Staffordshire CCG	✓	A	✓	✓	✓ (Phoned in to the meeting)
Dr Claire Pilkington (DrCP)	GP SES & SP CCG	A	A	✓	✓	A
Dr Anna Onabolu (DrAO)	GP Cannock CCG	A	A	A	X	A
Dr Mukesh Singh (DrMS)	GP Cannock CCG	✓	A	✓	A	✓
Lesley Arnold (LA)	Medicines Support Officer- South Staffordshire CCGs	✓	✓	✓	✓	✓
In Attendance:						
Sarah Orme (SO)	Diabetes Specialist Team Leader Hednesford Valley Health Centre	-	-	✓	X	✓
Dr David Cook	Consultant Urologist Burton Hospitals NHS Foundation Trust	-	-	-	-	✓
Helen Edwards	Diabetes Specialist Nurse in Tamworth.					✓

Key: ✓ = Attended

A = Apologies

X = Not Attended

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Minutes:

- | | | Actions |
|----|--|--|
| 1. | Welcome and Apologies

Apologies as per front sheet | |
| 2 | No conflicts of interest were noted.
None reported | |
| 3. | Minutes from previous meeting September 2015
These were approved as a True Record. | |
| 4 | Action List
Hydrocortisone Enema

Emerade – this is not a priority at the moment so remove from the Action list and revisit in the future.

Colomycin ESCA – Sam Hardy is working on the draft and will send to this group as soon as finalised. LN said she had been speaking to Dr Spencer at Burton Hospital. SB/LN to follow up.

Risk Assessment for Dementia Services –SR to provide update at next meeting

Atomoxetine Prescribing for Children –SR to provide update at next meeting

Once Daily Tadalafil – Needs a full review to be undertaken by Formulary Working Group. .

ESCA Template – Sam has changed the template regarding GPs having to accept the ESCA.

Midodrine – LN to get Dr Obiechina from Burton Hospital to do a Formulary Application | SB/LN

SR

SR

SB

LN |
| 5. | Formulary Application for Trulicity® (dulaglutide) 0.75mg and 1.5mg solution for injection in a pre-filled pen
SO presented the application for Trulicity to be added to the Formulary to support independent nurses prescribing in the Diabetes Community Team. There is currently no long-acting GLP-1 (once weekly) on the formulary. Can support patients to achieve their treatment goals by effectively reducing HbA1c with a once-weekly dose. The device is ready to use, automatic dose delivery pen with a hidden needle which automatically retracts once the dose has been delivered, the pen does | |
- Dr Mukesh Singh

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joined the meeting not require reconstitution and is proven to be an effective self-injection device for patients in clinical trials. The company offer texts and Apps to remind patients to take. Works in line with NICE.

Dr Cook said that this is already on the Primary Care Formulary in Birmingham.

SB said that the Scottish Medicines Consortium have accepted this for restricted use. SJB was concerned that it was not in the current BNF but is on EMC. The BNF is slow to update as it has been licensed since early 2015. MM had suggested a RiCAD and that the new updated Diabetes Guidelines will be done for the next APG.

Action: Agreed to add to the Formulary once a RiCAD has been produced. This will replace Exenatide weekly and Lixisenatide. **SO**

6 **Formulary Application for Beclometasone & Formoterol (Fostair 200/6 pMDI and NEXThaler)**

Dr Cook presented the application for Fostair 200/6 MDI and NEXThaler, these are both indicated in the regular treatment of adult asthma (18 and over) where use of a combination product (inhaled corticosteroid and long-acting beta2-agonist) is appropriate. Dosage is 2 inhalations twice daily. This is a new high strength combined ICS/LABA available in both MDI form and NEXThaler form. This would be a Step 4 device and is currently the cheapest option for a combined ICS/LABA at Step 4.

LN said that the Respiratory Nurses are keen to have this at Burton Hospital as well.

Action: Agreed to add the Fostair to the Formulary. The COPD Guidelines the Fostair 100/6 is the one that is licensed for COPD so need to highlight this. Both inhalers to be included in Step 4 on the Asthma Guidelines. **LA**

Agreed to have a review of both Guidelines in October/November 2016.

7. **NOAC Formulary Status**

SB said there have been some changes in the licensing of the NOAC products so the chapter needs revising. The NOAC guideline for Atrial Fibrillation also needs to be reviewed. LN said Apixaban does not have the option on it for DVT treatment and prophylaxis.

Actions: Agreed to review and add the indications. Agreed to change from **AMBER** to **GREEN** on the formulary as GPs now initiate these. **LA**

7. **Sacubitril Valsartan – Heart Failure Medication**

SB said this is a rapid access drug from NICE. LN said the monitoring is no different to ACE Inhibitors and Dr Carey thought it should be **AMBER1**. This drug is about £100 per month/per patient. SB said that there is a NICE Checklist and mentions a patient Alert Card but was not sure how to

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obtain these.

Action: Agreed to discuss outside the meeting with Acute Trusts and to make sure the NICE Checklist is included as needs initiation within Secondary care.

SB/SJB

8. **Review of Asthma and COPD Guidelines**

MS raised the following points:

1. Some of the devices are colour coded and do we need a colour coding template – Agreed to take out the entire purple colour coding from the Asthma and COPD Guidelines.
2. Can we give option to GPs of LAMA or LABA in the Gold A Step 2 section so they can start with either as at the moment states LABA. This was agreed.
3. Add 100/6 only to Fostair in the COPD guidance
4. To remove Flutiform from the step 4 asthma guidelines

SJB

SJB

SJB

SJB

9. **Mirabegron – Dr Delves**

SB said it was agreed at APG to add as **AMBER1** due to the hypertension risk. At Burton D&T Dr Delves thought that the Neurologists would not take the hypertension into account any more than a GP and therefore would like it to be GREEN.

Action: SB to send an email round to all the GPs in this group to see what they think due to lack of GPs present at the meeting.

SJB

10. **Alendronic Acid Soluble**

LN said this was discussed at the Burton D&T meeting who wanted this as an option for patients with short term swallowing difficulties. This would be Primary and Secondary Care. The application was for about 10 patients a year with Dysphagia and about £22.80 for 4. This is more expensive than ordinary Alendronic Acid but cheaper than Denosumab or Sachets. SB to send over the Formulary Application to be discussed at the next meeting.

SB

11. **Dry Eye preparations with the aim of rationalizing (controlling) what the ophthalmologists prescribe**

LN said that they have looked at a lot of Dry Eye preparations and then to try and persuade the Ophthalmologists to use a cheaper one that they currently use. The current formulary has: Sodium Hyaluronate 0.15% (Oxyl) and Sodium Hyaluronate 0.15% PF single dose units (Lubristil).

Action: Need to have a better look at what is available on other formularies and do a review of Dry Eye preparations. The option they would like to add is Sodium Hyaluronate 0.2% preservative 10ml bottle (Xailin HA) to replace the 0.15% PF single dose units (Lubristil). This is slightly more expensive than Oxyl, but significantly cheaper than Lubristil and also cheaper than the Hylo-forte (sodium hyaluronate 0.2% PF) which the ophthalmologists currently favour.

SJB

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12. **Haloperidol injection 5mg/ml and Diamorphine injection 5mg/ml – supply issues**

LN said they have never gone short on stock. SJB said that they need to find out what the problems are as they will need to make sure Pharmacies are available to get this for the palliative care service. The SLAs have now gone out to the Pharmacies which includes Diamorphine but have put a caveat to say they need to hold alternative stocks in case there are problems to acquire any of the drugs. SJB to check with the Pharmacies that have signed up to see if they have had any problems with acquiring Haloperidol or Diamorphine. LN said it may be worth checking the cost of the 20mg/ml Morphine as only one company so therefore no competition on this cost.

13. **Business Cycle – New Guidelines/Formulary etc**

MM has asked if there are any key areas that need looking at in the Formulary which are seen as a priority. There is also some work being done on Care Homes – bulk prescribing etc.

Action: Agreed the Diabetes Guidelines needs to be prioritised.

MM

12. **Any Other Business**

Ordansetron Formulary status

SB had received a query about clarifying if Ondansetron is still RED. This is now a lot cheaper and GPs at the meeting would prescribe this for palliative care patients but tend not to do this unless they have to.

Action: SJB to email all the GPs not present to get their views

SJB

Tiotropium – Asthma Guidelines says can be prescribed at Stage 4. Add to the formulary.

LA

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

Friday 15th July 2016 in Boardroom 2, Anglesey House, Rugeley WS15 1UZ Time : 1pm – 3pm

**PAPERS TO
BE
FORWARDED
BY 1ST July
2016**