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Joint CCG
Formulary Working Group

Friday 30th September 2016
1.00pm – 3.00pm
Anglesey House, Rugeley, WS15 1UL

Members:	Quoracy	30/09/16
Chair – Samantha Buckingham (SJB) – Pharmaceutical Adviser Stafford & Surrounds CCG		✓
Sharuna Reddy (SR) – Pharmaceutical Adviser Cannock Chase CCG		✓
Mahesh Mistry (MM) – Head of Medicines Optimisation South East Staffs & Seisdon Peninsula CCG		A
Richard Thorpe (RT) – Medicines Optimisation Support Pharmacist East Staffs CCG		✓
Dr Judith Crosse (JC) – GP East Staffs CCG		✓
Dr Claire Pilkington (CP) – GP South East Staffs & Seisdon Peninsula		✓
Dr Mukesh Singh (MS) – GP Cannock Chase CCG		A
Dr Anna Onabolu (AQ) – GP Cannock Chase CCG		x
Lisa Nock (LN) – Principal Pharmacist in Surgery Burton Hospitals NHS FT		✓
Sarah Duckworth (SD) – Senior Pharmacist Burton Hospitals NHS FT		x
Mohammed Azar (MA)		✓
In Attendance		
Lesley Arnold (LA) Medicines Optimisation Support		✓
Mr G Misra (GM) Consultant Gynaecologist UHNM, Stoke on Trent)		✓
Mr S Krishna (SK) Consultant, Anaesthetics and Pain Management. Heart of England NHS Foundation Trust		✓

		Action
1.	**Welcome by the Chair** The Chair welcomed all present to the meeting.	
2.	**Apologies for Absence** Apologies were received from Mahesh Mistry and Dr Mukesh Singh	
3.	**Quoracy** It was noted that the meeting was quorate.	
4.	**Conflicts of Interest** None Received	
5.	**Minutes of Previous Meeting** Members confirmed that the minutes of the previous meeting, 15 July 2016, were a true and accurate record of the meeting. Amendment Page 5 Remove the statement	**LA**

	about Friars Balsam in Point 8.	
6.	**Actions of Previous Meeting** Actions were noted on the Action List with the following key points noted: **Colomycin ESCA** – SJB to check with MM **Risk Assessment for Dementia Services** – SR to check that the ESCAs on the Mental Health Foundation Trust Website comes through APG before they go live on their website. (Atomoxetine and Anti-psychotic) **Midodrine** – LN waiting for Formulary Application from Burton **Trulicity RiCAD** to go to APG in October **Asthma Guidelines** – SJB to check with MM to see if the minor alterations to the guidelines have been done prior to a full review in November **Mirabegron** – SJB to check with MM about statement to add to NetFormulary and paper to be produced after speaking to Consultants at APG. **Sacubitril Valsartan** – LN thought that a RiCAD is being produced at Burton Hospitals NHS FT – RED on their formulary at present. MM to look at the Birmingham RiCAD and support guidance for GPs needed. **Drug & Therapeutics Policy** – LN to speak to Sarah about this **Net Formulary** – draft to be produced in word and then they will produce **Future of FWG** – MM to put a paper together for the next APG	**SJB** **SR** **LA** **SJB** **SJB** **LN** **LN** **MM**
7.	**Formulary Application for Ulipristal Acetate (Esmya) from Mr G Misra, Consultant Gynaecologist UHNM, Stoke on Trent**	
	This is currently on NetFormulary as AMBER1 for pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The application is for intermittent treatment licensed for long term medical management of the multiple symptoms of Uterine Fibroids and could significantly reduce the number of women who currently have surgical or radiological interventions for this disease. LN said that this had gone through Burton Hospital D&T and was approved subject to a protocol being produced to define exactly how many treatments patients would have. Maximum of 4 courses. Periodic monitoring needed if using intermittently so there was a bit of reluctance to approve this as AMBER1. Mr Misra confirmed that this was prescribed with a Shared Care Agreement in North Staffordshire as AMBER 1 (equivalent to AMBER2 in South Staffordshire). Mr Misra agreed to send the ESCA to LA so that we can see the responsibilities that GPs would have. Mr Misra confirmed that they initiate the treatment for 3 months with the Consultant prescribing for the first month and then continued by GPs month 2 and 3. If a repeated course is needed then the patient is referred back to the Consultant after a 2 month brake between courses. No recommendation for re-scanning as a routine procedure. **Action:** Agreed to add to NetFormulary as AMBER2 with an ESCA. To be ratified at APG.	**Mr Misra** **LA**
7.	**Formulary Application for Lidocaine medicated plasters/Lidocaine 5% (700 mg/medicated plaster) 30 plasters per pack (Versatis) from Mr S Krishna (Consultant, Anaesthetics and Pain Management. Heart of England NHS Foundation Trust** The request is for this to be first line for PHN (Post Herpetic Neuralgia) in adults over 18 years. A lot of work had already been done through the APG to stop Burton Hospitals prescribing the Lidocaine plasters for pain relief due to considerable cost implications and use out-side the product license. (£72.40 for 30 plasters). SJB informed Mr Krishna that we are reluctant to add to the Formulary as this has been on-going to reduce the prescribing of this in Burton	

	at the Pain Management Clinic. Dr Krishna said that this is licensed for PHN and that is all that he has requested to use this for as most of these patients are over 60, 70 and 80 year olds and other drugs for Neuropathic pain are anti-depressants and these elderly patients do not tolerate them as well so this would be an alternative. SR explained we have had a problem with Lidocaine being used unlicensed for pain relief and this is the concern in allowing this onto the NetFormulary as it is has been a big issue locally. Dr Krishna stated treatment of PHN with lidocaine plasters is cheaper than Pregabalin. CP said that the problem is that a patient is discharged with Lidocaine patches and would then expect their GP to continue with the patches/plasters with insufficient on review and discontinuation of the medication. With Pregabalin you can reduce the dosage. **Action:** After a lot of discussion the concern was still that if we had a statement on the formulary that this was only for PHN it would still be used for neuropathic pain. As this has been a local issue it was agreed to discuss at the next Area Prescribing meeting in October and will then get back to Mr Krishna with a decision.	**LA**
8.	**Formulary Application for Alendronic Acid effervescent 70mg Tablet from Dr R Laximinarayan, Burton Hospitals NHS Foundation Trust** The request was for patients with swallowing difficulties and reduces the risk of oesophageal irritation from reflux of gastric contents. This is more expensive than standard alendronate tablets but cheaper than other alternatives. It was thought there was an error with the price of Denosumab 60mg injection on the application. **Action**: Agreed by the group to be GREEN with a statement added for patients with swallowing difficulties only. To be ratified at APG.	**LA**
9.	**Formulary Application for Budesonide/Formoterol 200mcg/6mcg per actuation, pressurized inhalation, suspension from Mr D Cook, Consultant Respiratory Medicine UHNM, Stoke on Trent** This product is already licensed and used in the UK for COPD and Asthma in the Turbohaler form – this is a new device for the product rather than novel drug molecules. Symbicort pMDI offers a second licensed ICS/LABA combination option for COPD patients better suited to a pMDI. Symbicort pMDI is the only ICS/LABA pMDI licensed for COPD in the UK which has a dose counter on the device. Price is the lowest pMDI currently available for these indications. The Consultant was not present but the group felt that this application should not be discussed in isolation and should be discussed again when the review for the COPD and asthma guidelines were reviewed in November 2016. **Action: Agreed to discuss again when the COPD and asthma Guidelines are reviewed in November 2016**	**LA**
10.	**Formulary Application for Tiotropium Bromide monohydrate/olodaterol hydrochloride (Spiolto Respimat 2.5mcg/2.5mcg inhalation solution) from Dr M Singh, GP Horsefair Practice, Rugeley)** Based on clinical and economic data, it is anticipated that Spiolto Respimat will be used as an alternative to LAMA (tiotropium) and LAMA+LABA combinations (i.e. as 1st line maintenance therapy) within its licensed indication in patients with COPD in accordance with relevant international, national and local guidance recommendations. CP was concerned that GPs have recently been advised not to use Tiotropium in COPD so are changing patients to Ellipse. SJB said that if patients were still on Tiotropium	

	then it is more cost effective to use the Respimat but also reviewed to use any of the other alternatives available. JC was concerned about a statement in the email from MS that stated about the CCG getting money off Spiolto® - it is the most cost effective combination of LABA/LAMA (£23 compared to £32.50) but Boehringer offerCCG's an additional discount through rebates. **Action: Agreed to discuss again when the COPD and asthma guidelines are reviewed in November 2016**	**LA**
11.	**DRAFT Diabetes Management Prescribing Guidelines for Adults with Type 2 Diabetes** SJB went through the main changes to be approved: • High risk of diabetes (HbA1c 6-6.%4 in 2 occasions at least 2 weeks apart) added • Metformin, pioglitazone and an SGLT-2 inhibitor (potential increased bladder cancer risk) **CP was concerned about the statement in the brackets as anyone with minimal knowledge of diabetes knowledge may confuse and thought this statement needed to be placed somewhere else. SJB to feed this back** • Page 2 - the statement about secondary care needs to be made more generic as mentions Burton and Tamworth as a point of reference – needs Stafford and Cannock adding or just to refer to CCG services. • Page 6 – Glimepride is available …… this statement was agreed and the statement about if a once daily option is needed use Glimepride **(this was from the Diabetes nurses)** • Page 11 – Cardiovascular outcome data…. Agreed • Page 12 – Locally where BMI>35kg/m2 it would be preferred for referral for bariatric surgery rather than using GLP1 mimetics. Prescriber to decide most appropriate….. Agreed • Page 13 – Diabetes nurse do not use once weekly Exenatide anymore so this needs to be reviewed. Trulicity much easier to use for patients. **Need to review this with the Diabetes nurses** • Page 17 – Statement added at the top under Insulins. Comments received from the Diabetes Specialist about higher strength Insulins Humalog Formulary Application needed to have this included. LN said that Burton Hospital have looked at this may be submitting an application for Humalog to APG in October. However would need formulary applications for any new strength insulin product. • Couple of changes to the structured sessions as the commissioning is different in the CCGs. • Added a statement around SGT2 Inhibitors and the DPP4 Inhibitors • Clarity on how the calculation is made to work out the dosage for cartridges and vials to give a patient per month. • Page 18 – Specialist consultants queried that not always suitable for NPH Insulin to be used 1st line for some patients and they would want to use Insulin Analogues but Mary had gone by the NICE Guidance. FWG felt that the guidance should remain in-line with NICE guidance. • Glargine Toujeo added at the bottom of page 18 • Page 20 – In practice further blood sugars monitoring is not needed as this is a fixed dose regimen so would not adjust doses based on levels but would	

	monitor whether it is working for the patient based on their HbA1c. Agreed to remove the AIM sentence. • Page 22 – Statement added about Household patients often have complex co-morbidities and so may need more frequent blood glucose testing • Page 21 – Multidose Dose Injection Regime – Diabetes team queried because the number of these patients are quite small should we allow analogues to be available i.e. Novo Rapid for the short acting insulin. Mary had looked into this and the cost is significantly more expensive than what was already in the guidance. Mary thought we should only offer the Short Acting Analogues in accordance with the NICE guidance. FWG agreed to remain in-line with NICE guidance. • Triple Therapy – Are we happy to add that Metformin, a DPP4 and an SGLT2 is not NICE approved as a combination but is used locally? The group felt that if this is not licensed then we should not recommend. • There was also a newly produced Appendix 5 but the group were not sure of the some of the changes and needed more clarity on this. SJB to confirm with Mary which summary table to be included in the guidance document. **Action:** SJB to feedback all the comments to Mary Johnson who was thanked for all her hard work. Mary needs to update the chart for the Alogliptan Insulin Optimisation and to include statement to read that alogliptin is not licensed for monotherapy. If any of the group have any further queries then please feedback to Mary Johnson direct mary.johnson@northstaffs.nhs.uk	**SJB** **ALL**
12.	**Net Formulary Task & Finish Group Queries** **Endocrine Section** • Liorhyronine – add statement to say "Only to be prescribed for clinically appropriate patients after specialist initiation when levothyroxine not clinically effective." AGREED • Aqueous Iodine Solution in wrong section – should be 6.2.6 antithyroid drugs Aqueous Iodine Solution – name should be worded as BNF. AGREED • Propylthiourcil – should additional warning be added warning about hepatotoxicity and should this be GREEN as other acute formularies. AGREED to add statement and leave as AMBER1 • Fludrocortisone (Florinef) AGREED to keep as AMBER1 • Prednisolone – AGREED to keep statement as per BNF • Prednisolone – AGREED to keep statement re osteoporosis • Triamcinolone – AGREED to leave as Non-Formulary • Hydrocortisone oral generic standard tablets missing from the formulary AGREED to include as AMBER1 • HRT Section – AGREED that this needs to be looked at as an entire section as specialist input needed as to which drugs to include and additional information on uterus status, combine/cyclic and ordered as per BNF. • Raloxifene missing from the Formulary – GP's stated not used so AGREED to leave as Non-Formulary	

- Progestogens – AGREED to also look at this as a whole section as specialist input needed.
- Lubion only licensed for fertility treatment
- Ulipristal Acetate (Esyma) Mr Misra sending ESCA will then be AMBER2 for intermittent treatments.
- Finasteride to be above Dutasteride (3rd line) AGREED and Statement to be added stating only use Dutasteride when Finasteride has failed or is contraindicated/not tolerated (see B'ham formulary) AGREED
- Cyproterone Acetate currently Non-Formulary but GREEN and AMBER elsewhere. In Section 8.3.4.2 so needs replicating
- Clomifene citrate missing from the formulary and AMBER on other formularies. AGREED to add to RED drugs as Fertility treatment.
- Somatropin – Should be AMBER2. LN to check ESCA on Derby's website as expired in July 2016 but may be being updated.
- Desmopressin – others have this as GREEN but AGREED to leave as AMBER1
- Calcitonin (salmon)/Salcatonin+Parathyroid Hormone currently Non-Formulary but RED elsewhere. AGREED to add as RED
- Ibandronic Acid Injection (Bonviva) and Tablets both AMBER1. AGREED to change Tablets to GREEDN and Injection to RED
- Ibrandronic Acid IV infusion (Brondronat) currently Non-Formulary. AGREED to change to RED.
- Zoledronic Acid AGREED this should be RED
- Denosumab AGREED need to specify AMBER2 with RiCAD if local service is in place or otherwise RED Drug
- Gonadorelin analogues add to section 8.3.4

Eye Section

AGREED to add the statement from the Derby formulary regarding Fusidic Acid as a useful alternative

- Oflaxacin currently Non-Formulary. AGREED to add as RED
- Gentamycin AGREED to be added to the formulary as RED
- AGREED to have the statement from the Derby formulary about PF Eye Drops
- Antifungals AGREED to add as RED
- Aciclovir Eye ointment 3% AGREED to add 'refer patient to specialist but do not delay treatment' GREEN but make urgent appointment with Ophthalmologist if you suspect Herpes.
- Ganciclovir 0.15% Ophthalmic Gel (Virgan) GPs reluctant to prescribe so AGREED to make RED
- Tobradix should be RED
- Maxitol should be AMBER1
- Fluorometholone FML should be AMBER1
- Loteprednol Etabonate 0.5% (Lotemax) Should this be added. AGREED to check usage in Primary Care and BHFT before making a decision
- Rimexolone – Non Formulary. AGREED to check usage in Primary Care and

BHFT before making a decision

- Dexamethasone Eye Drops (Minims) Non-Formulary. AGREED to check usage in Primary Care before making a decision
- Hydrocortisone Eye Ointment – GPs would not initiate. AGREED to check but thought this should be RED or AMBER1
- Olopatadine (Opatonol) AGREED should be AMBER1
- Azelastine Eye Drops 0.05% AGREED to add as AMBER1
- Mydriatics and Cycloplegics – entire section missing. AGREED to add but would be RED.
- Only Timolo beta blocker eye drops on formulary –should others be added as per other formularies AGREED need to look at this separately and review
- Bimatoprost (Lumigan) Should this be 2nd Line as currently 3rd lIne. Latanaprost (Monopost) should this be alternative 1st line for those needing PF. RT stated that when we lost the High Strength Lumigan 0.3% the guidance from Burton was try the patient on Latanaprost normal then Monopost but the argument was that if Latanaprost normal strength hasn't worked then why would the PF work. AGREED to add Travoprost as 3rd Line
- Brimonidine/Timolol Eye Drops 2mg/5mg/ml AGREED need to ensure AMBER1 and remove the Non-Formulary one.
- Brinzolamide with tomolol (Azarga) AGREED should be AMBER1 and remove the Non-Formulary one
- Acetazolamide (Diamox)SR - AGREED AMBER1 and state Standard Release
- Combigan – AGREED move from Non-Formulary and should be AMBER1
- Timolol once daily AGREED to add statement Prescride Standard Release
- Acetylcysteine – currently Non-Formulary
- Pilocarpine AGREED to add PF formulation
- Local Anaesthetics – AGREED to add section but as RED Drugs
- Hypromellose AGREED to move to Top then Carbomer 980 eye drops 2nd Line, Carmellose 3rd Line, Sodium Hyaluronate,4th and Liquid Paraffin 5th Line. Statement to be added
- Sodium Hyaluronate AGREED to add the brand Xalin HA and as AMBER1
- Oxyl Sodium Hyaluronate Eye Drops AGREED to be AMBER1
- Oxyl Sodium Hyaluronate Eye Drops 0.2% missing AGREED to add
- Liquid Paraffin (Xailin Night) this is cheaper AGREED to specify
- Carbomer 980 Eye Drops AGREED to add Clinitas Gel
- Ciclosporin Eye Drops AGREED to move to bottom

AMBER2 Drugs

- Asenapine currently non-formulary AGREED this needs to be discussed as there is an ESCA in place
- Eplereone this is AMBER2 but AGREED to change to AMBER1

AMBER1 Drugs

- Alprostadil – Black Drug in BNF – should this be prescribed?

	• Dapagliflozin – Forxiga (Specialist Initiation ONLY) – Should this be AMBER. A decision was to leave this GREEN and Remove the Specialist Initiation ONLY statement • Enoxaparin – Should this be GREEN? AGREED that this is on a Consultants request so should be AMBER1. • Entacapone – AGREED to stay as AMBER1 • Fluoxetine – AGREED that this should be GREEN for Adults and AMBER2 for children with an ESCA • Ivabradine – this has a RiCAD in Birmingham should this be AMBER2 – AGREED to change to AMBER2 • Lacosamide – should this be AMBER2 – Birmingham has an ESCA. AGREED to look at the ESCA and change to AMBER2 with RiCAD • Magnesium Aspartate – AGREED to review the Magnesium section • Melatonin (Circadin) – AGREED this should be AMBER2 • Mirabegron – AGREED to leave as AMBER1 • Penytoin – SJB to look into this • Nebido – SJB to look into this • Propafenone – AGREED to leave as Non-Formulary • Ropinirole – ESCA in Birmingham. AGREED to check previous minutes • Rufinamide – AGREED to make this RED • Tigabine – AGREED to change to RED **Action : SJB to pick up all the individual queries and LA to do a report for APG** **Agreed to agree the following papers virtually and LA to send them out after the meeting** • **Vitamin D – Need to review the whole guidelines separately at a future FWG/APG** • **Urinary Tract Infections in Older People – circulate to group and comments to go the next APG Emergency Supply to support in Primary Care – circulate to group and comments to go the next APG** • **Nystatin Dose Change – to be included into the APG newsletter** • **Flutiform Prescribing – to be discussed at the COPD and asthma guideline review meeting** • **Evolocumab – circulate to group and comments to go the next APG** • **Royal Wolverhampton Hospital Adult Lipid Lowering Therapy Guidelines - circulate to group and comments to go the next APG**	
13.	**Any Other Business** No other business was raised.	
14.	**Next Meeting** **Friday 18th November 2016, 1pm – 3pm, at Anglesey House, Rugeley**	