

The healthiest place to live and work, by 2025

Formulary Working Group

**Friday 19 May 2017
 1.00-3.00pm
 Edric House, Rugeley**

Members:	24.03.17	19.05.17	[Date]	[Date]	[Date]	[Date]
Sam Buckingham, (Chair) (SB)	✓	✓				
Susan Bamford (SBa)	x	x				
Sharuna Reddy (SR)	x	x				
Dr Judith Crosse (JC)	✓	x				
Dr Claire Pilkington (CP)	x	✓				
Dr Anna Onabolu (AO)	x	x				
Dr Mukesh Singh (MS)	✓	x				
Lisa Nock (LN)	✓	x				
Mary Johnson (MJ)	✓	x				
Sarah Duckworth (SD)	x	✓				
Richard Thorpe (RT)	✓	✓				
Theresa Froggatt (TF)	✓	x				
Kelly Carter (KC) Minute Taker	✓	x				
Vanessa Ridout (VR), Minute Taker		✓				

	MINUTES	ACTION
1.	<p>Apologies and Declarations of Interest and Actions taken to manage conflict</p> <p>Apologies were received from Judith Cross, Mukesh Singh, Sharuna Reddy, Mary Johnson, Teresa Froggatt</p> <p>There were no declarations of interest declared.</p> <p>The actions were updated accordingly noting the following:</p> <p>Asthma Guidelines – Submitted to APG in April – some minor amendments being undertaken then will go back to APG in June for final approval.</p> <p>COPD Guidelines - Submitted to APG in April – some minor amendments being undertaken then will go back to APG in June for final approval.</p> <p>Final draft versions of the Asthma and COPD guidelines will be circulated to the FWG once completed for final comments/approval – SB to action.</p> <p>Midodrine – LN to confirm if formulary application review is still required. SD to action.</p> <p>Shared Drugs – agreed in principle at APG. Sharuna working with the Trusts</p>	<p>SB</p> <p>SD</p>

	<p>to get principles in all shared care agreements agreed. All previously agreed ESCAs from BFTH need to be reviewed against new principles.</p> <p>Formulary Sub Group – all formularies were agreed and sent out. Not yet updated on net. Formulary due to MJ absence – MJ to action.</p> <p>APG newsletter to include update on Absalagar.</p>	MJ
2.	<p>Minutes from the meeting held on 24th March 2017 The minutes of the meeting held on 14 April were agreed as an accurate record.</p> <p>It was suggested that APG minutes will be submitted to the future meetings.</p> <p>Action: Future APG minutes to be submitted to the Formulary Sub Group – SB to action</p>	SB
3.	<p>Matters arising not on the agenda or carried forward from the last meeting There were no additional items arising.</p>	
4.	<p>Items for approval</p>	
4.1	<p>Formulary application for lisdexamfetamine (SSSFTH)</p> <p>Formulary application is agreed to be included as Amber 2 i.e. appropriate for prescribing by GP under shared care agreement.</p> <p>Needs to include how long drug to be taken for and when patients are reviewed. Specialists are responsible for advising when drugs should be discontinued.</p> <p>ESCAs for adults and children with ADHD discussed under section 4.9 and 4.10.</p> <p>Agreed ESCA ensuring that change from children to adult services are clarified. Paediatric CAMHS could write to adult mental health services in order to ensure a smooth transition.</p> <p>Need clarification on whether lisdexamfetamine should be used as first line – or where in therapy choices. Application only includes dosages for adults and not children but as it is included in both ESCAs assumed to be application for all ages.</p> <p>Recommendation on formulary inclusion subject to addressing points above to be made to the APG in June 2017</p>	SB
4.2	<p>ESCA – leflunomide (RWT) Sharuna is working with RWT to update Shared Care agreements in-line with locally agreed principles.</p> <p>It was agreed that the front cover should include a section for the patient to</p>	

	<p>sign in order for them to take ownership of the ESCA. This would demonstrate that the patient understands their responsibility of the ESCA.</p> <p>ESCA to include strengthened wording on patient responsibilities to state there is a risk that medication may be stopped if patient doesn't engage and undertake necessary monitoring requirements.</p> <p>To include line relating to GP responsibility to READ coding patient as under shared care.</p> <p>Agreed for ESCA to be submitted to APG subject to changes – SB to liaise with RWT/Sharuna Reddy</p> <p>It was noted that some ESCA's from BFTH on net.formulary are not the correct version. MJ will review to ensure they have all been updated to the latest version.</p> <p>Action: MJ to review ESCAs for Burton on net.formulary.</p>	<p>SB</p> <p>MJ</p>
<p>4.3</p>	<p>ESCA – azathioprine (RWT)</p> <p>Wording to be included that as Azathioprine is NOT licensed for certain indications then this would be at the GPs discretion. SB would check if GPs would prescribe for the conditions mentioned and SD would check with Burton.</p> <p>Wording would remain but needs to include a caveat that the GP are taking on full responsibility for the prescribing of this drug.</p> <p>Tick boxes to be included on the Indications page to make it clearer.</p> <p>Monitoring guidance is different to BNF recommendation however the undertaking of tests including TMPT levels are stipulated in the specialist responsibilities so would be for the consultant to advise.</p> <p>Agreed for ESCA to be submitted to APG subject to changes – SB to liaise with RWT/Sharuna Reddy</p>	<p>SB</p>
<p>4.4</p>	<p>ESCA – methotrexate (RWT)</p> <p>Wording to be included that as methotrexate is NOT licensed for certain indications, treatment for these would be at the GPs discretion. Wording would remain but needs to include a caveat that the GP are taking on responsibility for the prescribing of this drug.</p> <p>Tick boxes to be included on the Indications page.</p> <p>In the patients responsibility should include that the patient should not take over the counter products, <i>including aspirin, without speaking to their pharmacists/GP/specialist.</i></p> <p>Agreed for ESCA to be submitted to APG subject to changes – SB to liaise with RWT/Sharuna Reddy</p>	<p>SB</p>

<p>4.5</p>	<p>ESCA – sulfasalazine (RWT)</p> <p>Tick box to be included for indications.</p> <p>Clarification required on routine monitoring. To review same wording as on Burton’s ESCA regarding the monitoring of the patient. “FBC and LFT’s TWO WEEKS for the first 3 months of therapy. A reduction in monitoring frequency may be considered at a later date.”</p> <p>To review wording from burton regarding monitoring the patients.</p> <p>Agreed for ESCA to be submitted to APG subject to changes – SB to liaise with RWT/Sharuna Reddy</p>	<p>SB</p>
<p>4.6</p>	<p>ESCA – melatonin (SSSFTH)</p> <p>Previously submitted to the group, resubmitted with further changes in line with shared care principles.</p> <p>There needs to be further clarification around the ‘recovery focus’ statement in all SSSFTH ESCA’s to be reviewed as this contradicts earlier statements over specialist responsibilities to monitor etc..</p> <p>Wording around letter to GP stating that the GP assumes that shared care has been agreed with the patient should be reworded. Must request confirmation from the GP that shared care is accepted. Needs to be reviewed in all SSSFTH ESCA’s</p> <p>Needs to be clearer that drug is for children/adolescents and adults with learning disabilities. Title needs to be updated to reflect this.</p> <p>Need to highlight that this drug is off-label/unlicensed dependent on product. Clear statement to explain GP clinical responsibility for prescribing outside of product licence.</p> <p>Agreed for ESCA to be submitted to APG subject to changes. – SB to action with Mo Azar</p> <p>Post meeting addition: <i>Further ammendments to be made are</i></p> <ul style="list-style-type: none"> • <i>On page 1 second to last box it refers to the PCT not CCG.</i> • <i>On page 2 it states that “patient will receive supplies of ANTIPYSCHOTIC” not melatonin</i> 	<p>SB</p>
<p>4.7</p>	<p>ESCA – lithium (SSSFTH)</p> <p>Previously submitted to the group, resubmitted with further changes.</p> <p>‘Recovery focus’ sentence and GP agreement section to be reviewed.</p> <p>Agreed for ESCA to be submitted to APG subject to changes. – SB to action with Mo Azar</p>	<p>SB</p>

<p>4.8</p>	<p>ESCA – fluoxetine in children (SSSFTH)</p> <p>Further clarification on dosage required, should it be a prescription for 4 weeks or 3 months. Group felt it should be 3 months until patient is stable.</p> <p>Needs to include how CAMHS and adults service cross over.</p> <p>‘Recovery focus’ sentence and GP agreement section to be reviewed.</p> <p>Agreed for ESCA to be submitted to APG subject to changes. – SB to action with Mo Azar</p>	<p>SB</p>
<p>4.9</p>	<p>ESCA – ADHD in adult (SSSFTH)</p> <p>Update on whether the note relating to Lisdexamfetamine and Dexamfetamine are not directly interchangeable is included correctly and spelling mistake to be corrected.</p> <p>Lisdexamfetamine needs adding in the title box as included in ESCA main body</p> <p>There are no page numbers</p> <p>‘Recovery focus’ sentence and GP agreement section to be reviewed.</p> <p>Will be submitted to APG subject to changes but will ensure a representative from SSSFT is available to present in order to clarify queries – SB to action with Mo Azar</p>	<p>SB</p>
<p>4.10</p>	<p>ESCA – ADHD in children (SSSFTH)</p> <p>Need to change footer on ESCA as this is incorrect and relates to the adult ADHD ESCA.</p> <p>Question relating to how long patients should be on the drug for – some examples of long period treatment periods continuing into adulthood. Also need to understand cross over services from children to adult services and SSSFT to provide clarification.</p> <p>‘Recovery focus’ sentence and GP agreement section to be reviewed.</p> <p>Will be submitted to APG subject to changes but will ensure a representative from SSSFT is available to present in order to clarify queries – SB to action with Mo Azar</p>	<p>SB</p>
<p>5.</p>	<p>Items for information</p>	
<p>5.1</p>	<p>Asthma Guidelines See above.</p>	
<p>5.2</p>	<p>COPD Guidelines See above.</p>	

6.	<p>Items for Discussion There were no other items for discussion.</p>	
7.	<p>Items for information There were no other items for information.</p>	
8.	<p>Any Other business RT would provide a summary sheet of NOAC summary which would be circulated to members and sent to APG for approval.</p> <p>SD highlighted that at Birmingham Children’s Hospital the paediatric wards were advised not to provide children with thyroxine liquid but to use tables dispersed in milk to ensure they were receiving the accurate dosage. SD to clarify with BCH and report back to the next APG.</p>	SD
9.	<p>Date and time of next meeting 10.00 – 3.00 pm Friday 21 July 2017 Boardroom 1, Edric House, Rugeley WS15 1UW <i>Agenda papers to be received by Friday 7 July 2017</i></p>	