Notes of the Formulary Management Group

Held on	Tuesday 3rd December 2019			12:30pm (2:30pm finish) at Jubilee House, POD	
Members	**Attended**	**Apologies**	**Absent**	**Designation**	**Abbreviation**
	√			Head of Medicines Management	**(C)**
	√			Prescribing Adviser	**(PA)**
	√			Prescribing Adviser	**(PA2)**
	√			Trust Lead Formulary Pharmacist	**(WHT FP)**
	√			GP Lead for Medicines Management	**(GP)**
	√			Primary Care Pharmacist	**(PCP)**
			√	Clinical Nurse Specialist	**(CNS)**
			√	Nurse Non-Medical Prescriber	**(NNMP)**
	√			DWMHCP Chief Pharmacist	**(DWMHCP)**
			√	Patient Representative	**(PR)**
		√		LMC Representative	**(LMC)**
		√		Quality & Safety Officer	**(QSO)**
	√			Commissioning Administrator/Minute Taker	**(CA)**
	√			Commissioning Administrator/Minute Taker	**(CA2)**
	√			Walsall Manor Hospital Pharmacist	
	√			Walsall Manor Hospital Pre-registration Pharmacist	
	√			Walsall Manor Hospital Pre-registration pharmacist	
	√			Walsall Manor Hospital Pre-registration pharmacist	

	Agenda item	Action
1.	**<u>Welcome and Apologies</u> (Declarations of AOB)** C welcomed and introduced everyone to the meeting. Apologies received from QSO and (LMC).	
2.	**<u>Minutes of the Last Meeting</u>** The minutes were declared a true and accurate account of the meeting.	
3.	**<u>Matters Arising/Actions Sheet</u>** All actions have been updated on the Action Log. The necessary actions have been completed and moved to the 'completed' tab, whilst actions from today's meeting are added accordingly.	
4.	**<u>Declarations of Interest (DOI) –</u>** Check Compliance No conflicts raised. C reminded people that they can choose not to have their details held on the public facing website held by Governance.	
5.	**<u>Non NICE TA Drug/devices - Full Applications</u>** **Kyleena – Primary care (information for removal of device)** A relatively new formulation of Intrauterine Device (IUD) marketed as a similar device to Mirena was discussed. This is a slightly smaller coil size with the same 5-year duration of action. It has slightly reduced amount of topically delivered Levonorgestrel vs Mirena; the difference in dose is not expected to add any additional risk/benefit over other currently available similar IUDs. The insertion technique is the same as the other IUD; assurances may need to be given	

	around whether there should be any training. Cost effective when compared, with potential saving. Kyleena is the first choice in secondary care; it was expressed that GPs and their patients should have the choice. **Action: Application Accepted. It was agreed to keep both Mirena and Kyleena on the formulary to give GP/Patient choice. WHT FP to speak to Trust Pharmacist (GUM) to confirm duration of use/training (the group suggested that it should be reviewed after 3 years).** **Nacsys Drug Application (Primary Care Defer)** A once daily tablet which can be swallowed or dissolved. It would reduce the pill burden (30 tabs per month vs 120 to 180 Carbocisteine capsules) and is easier to administer. It is more effective and significantly more cost effective. It was previously presented by the Respiratory Consultant (WHT) but then had to be put aside by pharmacists due to cost pressures. This is the reason for bringing this back for approval. **Action: Due to not having a Trust Consultant representative present, it was agreed that a decision couldn't be made and that it would be presented at the next meeting if there is a consultant to present.** **Testavan Drug Application (different mode of application not drug)** Testavan is already on the Formulary through secondary care. Testogel is used more frequently but patients have complained that the gel can be sticky on their hands. Testavan is delivered via a rollerball making it easier to apply. The cost is comparative between the products; PCP reported that Testogel is not always widely available in the community. Firstly, it would be through specialist initiation and then it would be left as patient choice. **Action: Application accepted for Testavan and Testogel to stay on Formulary; should be added to the Net Formulary and be reviewed in 2 Years.** *PA arrived*. **Nordimet** Nordimet is an auto injector for patients with arthritis which has gone through at the Trust. Metaject is currently being used and requires the patient to push and click which can be difficult for patients to operate. Nordimet has no button just needing to be pushed – patients at the Trust have been taught how to use this. There are no issues relating to cost for Nordimet and it was considered as a good alternative for some patients. **Action: Accept as an alternative and add to the Formulary. WHT FP to circulate application.**	
6.	**<u>Trust Formulary Updates -</u>** *<u>Hospital only applications</u>*<u>. For information only.</u> • MMG Minutes October 19 **Penthrox** - this is a new painkiller medication used in A&E for dislocated joints which reduces recovery time. The patient inhales this through a whistle device which takes 20 minutes to take effect giving long enough to carry out treatment. This is a drug with an already established pathway guidelines previously used by another Trust. **Tacrolimus** - A suppository and is a one off application for Proctitis. It is an unlicensed product and its intended use is for an outpatient. The desired outcome is to control inflammatory bowel disease. Currently monitoring the usefulness of this.	

	• MMG Minutes July 19 **Riamet** – emergency malarial drug which has been around for a long time. Not reordered as no applications. If you click in to the application, you can find the list of all the malarial drugs that are on the Formulary and good for use in emergency medicine within hospital. It is not hospital only it just needed to be clarified on paper; previously not clear what treatment is required and this is why. **Patiromer** – A hypoglycaemia treatment; 1 spoon 15g given 3 x daily. Has a Formulary restriction – 5 days only.	
7.	**NICE Technology Appraisal** TAG report September 19 TAG report October 19 WHT FP ran through the reports providing an update. Baseline NICE assessments are done by the clinical team; whether they are/are not going to use, whether it is a specialist initiation/treatment etc. completed from their prospective. NHSE up to date but chasing consultants for paperwork which isn't complete. **Action: WHT FP to ensure completed reports are updated on Net Formulary.**	
8.	**Pathway/Guidelines** Harmonising formulary from guidelines - Emollients and eye formulary Due to the approval of new emollient/eye pathways and guidelines there was a need to review what is already on the Formulary. The items to remove and add onto the list were discussed. Emollients Acetic Acid 2% EarCalm® remove Aveeno® remove Balneum Cream leave on Calamine leave on Double Base® remove Double Base Shower Gel leave on E45® remove Emollient Pre containing Urea Balneum® leave on Levomenthol remove Bath additives remove In regards to the minor eye conditions formulary, similar to the emollients formulary, items on formulary need to be cross checked to ensure new products are added and old ones removed appropriately. Discussed Carbomers and Lacrilube (long term shortage possibility). A discussion took place regarding Ganfort, whether this could be placed on the Formulary for primary and secondary care. The group discussed the pros and cons of having individual drug or combined eye drops. Further discussions to be had at future meetings. **Actioned: Decision made to remove bath additives making them non formulary.** Acetylcysteine 10% Formulary Status	

	Not used in primary care; specialist hospital care after surgery. At present on the Formulary in green; amber recommended for specialist initiation. **Action: Change to Amber status on Net Formulary.** PHE Antibiotics consensus – Hospital/Primary Care PA2 reported that there are 5 products which the Microbiologist (WHT) reported back on Formulary status; and have adopted the PHE Guidance. These are the recommendations for Formulary approval. Drug — Indication listed in PHE guidance Acetic acid 2% EarCalm® — 2nd line for acute otitis externa Fenticonazole Gynoxin® — Vaginal candidiasis Fidaxomicin Dificlir® — Recurrent or second line treatment for C difficile Fosfomycin — Lower UTI Vancomycin (Oral) — Severe C diff The Microbiologist (WHT) has expressed that he was happy for a GP to prescribe Fosfomycin or Vancomycin as long as the requirement for either of these has been 'specialist initiation'. A discussion about Earcalm took place and it was agreed it should be over the counter and non-formulary. **Action: Earcalm needs to be changed to non-formulary status and self-care highlighted here (PA2 to update). Decision to make others Formulary.**	
9.	**Drug Safety Update** PA shared that antivirals can now be prescribed following the CMO update Prophylaxis for flu. PA has sent this information to all GP practices and LPC for community pharmacies in the area.	
10.	**Regional Medicines Optimisation Committee** People requested to read through RMOC Updates (link accessible through agenda).	
11.	**Horizon Scanning** This was not discussed during the meeting.	
12.	**Appeals** • None	
13.	**Formulary Breach** • None	
14.	**Recommendations to JMMC** • None	
15.	**Any other business** **EU Exit Update** WHT FP to let C know when any additional information.	

	15.1 Type 1 Diabetes, Improving Tech – C drew attention to guidelines/work done for flash glucose testing. Taken as read. **15.2 DOAC Initiation letter** (Cardiologist) – PA received a letter about a patient seen by a cardiologist stating that the patient would benefit from anticoagulation; they requested that the patient start on a relevant medication of choice. The patient had been to outpatients and was identified as having AF; the person they were seen by did not initiate treatment. PCP reported that he had also received similar letters which were referred straight back to the specialist's secretary who then needed to action them in a timely manner. C raised concerns about whether the patient was followed through NICE (is there a shared care approach, are they being consulted with and had they given their consent). C voiced that it would be useful if a copy checklist was attached to any letters. **Action: PA to forward copy of letter to WHT FP who will speak to Cardiologist and feedback at the next meeting. <u>Post meeting this has since been resolved PA has emailed WHT FP to update that the cardiologist has initiated the DOAC.</u>** **15.3 Paliperidone Depot** DWMHCP shared that a Practice has written to one of their Community Recovering Service Teams about a Paliperidone patient flagging up that they were referring the patient back to them. The practice stated they had been prescribing a monthly injection for the past 4 years and was now passing this back. Paliperidone is through first initiation by the Trust and will need to look at the guidance for shared arrangements where agreeable and appropriate for the patient. There is currently a pilot in Walsall to extend the Primary Care Mental Health Service Team to work with Practices who have concerns about a patient with the PCMHST rather than having to make a referral. **Action: DWMHCP to speak to Mental Health Commissioning Manager to discuss Mental Health Services.** **PHE Antibiotic Guidance Update** 2019 version update came out automatically on Formulary – PH England issued guidelines; group advised to look at on Net Formulary page. **Tapentadol** - Optimise Rx status: hospital only – on Net Formulary status: specialist initiation. Tapentadol has a history of being a Blueteq drug. C explained initially when approved it was a high cost drug and needed restrictions on use. C stated that audits had been done for use in primary care but have no data on use in secondary care. WHT FP expressed that it is not a high cost drug; PCP explained that it could be with increased usage. C clarified that it is about assurance that prescribed appropriately and not abused. The question was raised as to whether it should be Blueteq. Pain consultants want to keep it on Blueteq and elderly care consultants don't want to keep this. It is due for review August 2020 so could be reviewed earlier but need consensus from the Trust to move things forward; data would need to be collated. This drug should be amber on the Formulary for specialist initiation and to remove the statement hospital only. **Action: Needs to be amended on Optimise Rx to say just specialist initiation.** **15.4 – 15.12 Kines Updates** Group requested to self-read (sent with meeting agenda). **DOAC Review Pathway** These will need to be circulated asap to enable people to read these documents. **Action: WHT FP to send to Chair.**	
16.	These minutes are a true representation of the Group's proceeding	

Notes of the Formulary Management Group

	Signed:	**Chair** **Date:**	

These minutes will be redacted to remove names/initials before publication

Future Meeting Dates

2020								
Formulary Management Group Future Meeting Schedule 12:30pm Start (Finish 2:30pm)								
Date	**Month**	**Year**	**Venue**		**Date**	**Month**	**Year**	**Venue**
7th	January	2020	POD		7th	July	2020	Board Room
4th	February	2020	POD		4th	August	2020	Board Room
3rd	March	2020	POD		1st	September	2020	Board Room
7th	April	2020	Board Room		6th	October	2020	Board Room
5th	May	2020	Board Room		3rd	November	2020	Board Room
2nd	June	2020	Board Room		1st	December	2020	Board Room