Notes of the Formulary Management Group

Held on	Tuesday 7th January 2020			12:30pm (2:30pm finish) at Jubilee House, POD	
Members	**Attended**	**Apologies**	**Absent**	**Designation**	**Abbreviation**
	√			Head of Medicines Management	**(HMM)**
	√			Prescribing Adviser	**(PA)**
	√			Prescribing Adviser	**(PA2)**
	√			Trust Lead Formulary Pharmacist	**(WHT FP)**
	√			GP Lead for Medicines Management	**(C)**
	√			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	**(CA2)**
	√			Diabetes Consultant – Manor Hospital	**(DCWHT)**

	Agenda item	Action
1.	**<u>Welcome and Apologies</u> (Declarations of AOB)** C welcomed everyone to the meeting wishing them a Happy New Year and hoped they had a good break. There were no apologies received.	
2.	**<u>Minutes of the Last Meeting</u>** The minutes were circulated in draft and read through at the meeting. The Following amendments were made: - Pages 1/2 Clarity needed Mirena/Kyleena which should state reassurance needed regarding training being like for like; information sought from Sexual Health GUM Clinic Consultants. **ACTIONED: - Assurance received confirming training like for like.** Pages 3/4 PA2 corrected minutes that were stating that the PHE Guidance were not discussed. PA2 reminded the team on how formulary status decisions for 5 non formulary antibiotics were made according to advice from Microbiologist WHT. The Team had accepted the suggestions from the Microbiologist. C (GP) requested clarity why Fosfomycin is listed as specialist initiation. It was discussed that GP's don't know enough about this. **ACTION: - HMM to email Microbiologist (WHT) on behalf of the FMG Group to ask him to talk to FMG about Fosfomycin. Minutes to be updated confirming drugs listed on the Microbiologist's table to be accepted on the Formulary.** Tapentadal to be corrected to Tapentadol – spelling error.	**HMM**
3.	**<u>Matters Arising/Actions Sheet</u>**	

	All actions have been updated on the Action Log, to be discussed during the meeting. The necessary actions have been completed and moved to the 'completed' tab, whilst actions from today's meeting are added accordingly.	
4.	**Declarations of Interest (DOI) –** Check Compliance HMM enquired if DCWHT has any potential conflict of interests regarding the product; he verbally confirmed there were none. DCWHT to complete Conflict of interest form. HMM reminded the group that all applications are draft at this point and that conversations should be retained in the FMG meeting room until ratified by JMMC. HMM clarified that sometimes changes do get made at the JMMC stage prior to ratification.	**DCWHT**
5.	**Non NICE TA Drug/devices - Full Applications** **Suliqua Drug Application** WHT FP has presented this application using a new pro forma as a trial to show the template as a working document. DCWHT presented his case for the combination insulin glargine and lixisenatide called Suliqua. Lixisenatide was taken off the formulary previously as at the time it was not considered to be as clinically effective as the other options. When combining the lixisenatide with glargine the results are more clinically effective than expected. DCWHT recapped the doses and details of the two trial studies undertaken which are LixiLan-L[1] and the LixiLan-0[2]. DCWHT summarised that the findings highlight improvements to weight changes and fasting blood glucose. Suliqua is cost effective and has no new side effects. It is for specialist initiation and if approved will need to follow the NICE guidelines. At the end of the 6 months' trial blood glucose levels and weight changes will be analysed and if patients show no progress they will need to discontinue with the treatment. There was an opportunity for questions and answers: • A query was raised when Suliqua was released on to the market. It has been within the European market for a few years. When the lixisenatide with the glargine are combined it creates a synergistic effect and is one injection and therefore more effective. • In the Black Country is Suliqua on other CCG formularies? Suliqua has been accepted in Dudley CCG. • Has this information been shared with GP Diabetes Lead? He will need to be made aware of this application. • Will training be required? For nurses and clinicians, it comes in a simple pen; patients do not require any specific training. • Has there been any patient safety issues with the trials? There were no issues identified. • Will it be transferred from specialist initiation to primary care after six months? It was confirmed only after 6 months and for new patients. Concerns were raised about when referrals initiated by the Trust transfer to primary care, that the relevant information needs to be sent in a timely manner and provide guidance. The group agreed that that Suliqua is a better combination to help patients lose weight but if they do not achieve the NICE target the medication will need to be stopped; patients should be made aware of this at initiation point of their treatment. **Action: HMM will make GP Diabetes Lead aware of the application. Suliqua was agreed in principle with recommendation to JMMC. It will be added to Net Formulary with red status; after 6 months DCWHT will be invited back to present patient results.**	**HMM** **JMMC**

	Nacsys Drug Application **Action: This is still pending 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.**	**Defer**
6.	**Trust Formulary Updates -** *Hospital only applications*. For information only. • MMG Minutes November 19 No updates discussed.	
7.	**NICE Technology Appraisal** Not discussed.	
8.	**Pathway/Guidelines** **Walsall Joint Vitamin B12 Deficiency Guidelines 2019** WHT FP has mediated with this and has got in touch with the Oncologist Pharmacist to get this signed off. C expressed that it would beneficial for someone to come to the committee to present this. C talked about the Treatment Algorithm for Vitamin B12 chart; she discussed the issues she had identified with the flow chart and its boxes. • B12 deficiency - it doesn't indicate what is normal range. • Identifies that in the initial treatment box as well as stating weeks, it should stipulate the number of injections needed to create clarity. • If probable deficiency the next box states 'if 150-200ng/L and no symptoms or anaemia recheck in 1-2 months, Start empirical B12 replacement'. This is unclear and seems to have two steps in one box. • In box 'IFAB negative and Vit B12 > 200mg' it is unclear where this goes next as there is no further box for this. C to invite the haematologist to present the guidelines to the committee; she highlighted the importance of this document as Vitamin B12 is very common in general practice. HMM to contact haematologist when she has their details on behalf of FMG. **Action: WHT FP obtain contact details of haematologist; HMM will ask them on behalf of the FMG to attend to present the guidelines. This was not approved and is subject review.**	**WHT FP HMM**
9.	**Drug Safety Update** **Ranibizumab & auto injectors** There has been a problem with the auto injectors but there is guidance; there has been a recall of all unexpired batches due to manufacturing issues. PA has sent out information regarding this to practices. **Yellow Fever** PA has sent a safety email to all GP practices saying that if you are a yellow fever centre there is an alert; PA only received 3 responses from practices saying they are not yellow fever centres. This is a private service but despite this it is a concern that practices are not following up on this. It was felt by the group that PA could send out a further email to cover all bases.	

	Action: This has previously been circulated but due to insufficient replies this has been resent.	**PA**
10.	**Regional Medicines Optimisation Committee** People requested to read through RMOC Updates (link accessible through agenda). **Vitamin B Supplementation and alcoholism** The Group were referred to the guidance sent by RMOC in relation to the Oral Vitamin B supplement in alcoholism dated November 2019.	
11.	**Horizon Scanning** This was not discussed; this is just for information and can be read through individually.	
12.	**Appeals** • None	
13.	**Formulary Breach** • None	
14.	**Recommendations to JMMC** • All recommendations from previous FMG in November • Suliqua • Ganfort – combination drug (not on formulary – needs to be added in green)	
15.	**Any other business** Request to FMG for a New Medicinal Product, New Indication or New Formulation Pro Forma WHT FP has produced a new pro forma for applications. A discussion took place around this being a working document and any feedback should be sent to WHT FP who will then bring this to the next meeting for discussion **Action: WHT FP to bring blank application form to the next FMG.** A discussion took place regarding the differing roles of FMG and JMMC as many of the members are the same. It is important that different people ratify things and that is why others are invited to the JMMC to make this robust. HMM has started a piece of work comparing the groups and is discussing this with APCs. **Action: HMM to monitor attendance at JMMC** **Harmonising Emollients and Eye Formulary** PA2 asked the group regarding harmonisation of medicines that were on the formulary page and not on the latest guidelines. Due to the last JMMC not taking place due to being non quorate, the decision will be ratified in the February JMMC. **Action: Add to JMMC agenda for Ratification.** **5.1-5.3 Kines Updates** Group requested to self-read (sent with meeting agenda). **15.1 Adherence to Anticoagulants** There has been a study which has shown some warfarin patients are not taking their DOACs as they should be, there are issues of how to take e.g. if with food/timely gaps causing issues.	**WHT FP** **HMM** **JMMC**

	16. Lower carbon footprint inhalers This will be reviewed soon as an STP piece of work. It is highlighted on current guidelines if stable to continue with their current inhalers but there would be other options for new patients.	
	These minutes are a true representation of the Group's proceeding **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