

Notes of the Formulary Management Group

Held on	Tuesday 4 th April 2016			Jubilee House, Room 1	
Members	Attended	Apologies	Absent	Designation	Abbreviation
	✓			Prescribing Adviser	(PA)
	✓			GP (Trans) Vice Chair (Acting Chair)	(VC)
		✓		GP (South East)	(GPSE)
		✓		GP (North)	(GPN)
	✓			GP (West)	(GPW)
		✓		WHT Pharmacist	(WHTP)
	✓			Primary Care Pharmacist	(PCP)
	✓			Clinical Nurse Specialist	(CNS)
	✓			DWMHPT Chief Pharmacist	(DWMHP)
		✓		DWMHPT Deputy Pharmacist	(DWMHP)
		✓		Healthcare Governance	(HG)
Other attendees					
	✓			Note Taker	
	✓			WHT Pharmacist	
	✓			Patient Representative	
	✓			Appointed Head of Medicines Management	
	✓			Medicine Optimisation Pharmacist	

	Agenda item	Actions
1	Welcome and apologies (declarations of AOB)	
2	Minutes of last meeting –Consent agenda agreed PA The minutes from the last meeting were agreed as true and accurate.	
3	Matters Arising/Actions Sheet <ul style="list-style-type: none"> • Degludec – PA advised still awaiting results of re-audit. • Ferinject – CNS not present at the time this was discussed. Still awaiting audit. • Antibiotic Formulary – PA advised that still waiting the antibiotic formulary however the antifungal guidelines have been received from antimicrobial specialist at WMHT – this is on the main agenda. • NOAC paperwork – WHTP not present at this meeting to discuss the example NOAC guidelines previously sent to the Chief Pharmacist at WHT. PCP advised that GPs in practices are querying what advice they should follow when they received requests from trusts stating ‘please consider this patient for a NOAC’. PA advised that that all GPs have access to the HAS-BLED protocol which should be used to assess patients. VC raised an issue that they only have access to patient information leaflets and not the Bleed Cards, which are more useful as patients are more likely to carry these with them. PA will attempt to source these. Pharmacist representative from WMHT advised the committee that patients who are initiated on a NOAC by the trust are not reviewed by the hospital, and there is an assumption this is done in primary care, although patients who are initiated on warfarin are reviewed. Action: PA to source Bleed Cards Action: MOP will raise concerns at next CVD Task & Finish Group. • Vortioxetine Audit – Due July 2016 • Baby Specialist milks – in progress • CQUINS – in progress • Keele Competency Training – awaiting HoMM to be in post. • Aldosterone Antagonists – PA has requested guidance from renal consultant, and is still awaiting a response. • Obesity Drugs – The trainee Public Health Registrar from Walsall Council has provided PA with a report showing the numbers of patients involved in the weight management service, and the potential implications of the availability of the newer drugs. VC raised a concern that the figures stipulated in the report only include patients going through the Weight Management Service and not those who come directly into primary care. PA will 	

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	<p>continue supporting this work to attempt to project the financial impact this can have so that the finance department can be made aware of this.</p> <ul style="list-style-type: none"> • WHT formulary Breaches – PA confirmed that the Molludab and Coconut Oil breaches will go to the next JMMC meeting. 	
4	<p>Declarations of Interest Declarations of interest due by all members by 1st May 2016</p>	
5	<p>NICE Technology Appraisal None</p>	
6	<p>Non NICE TA Drugs/devices –Full Applications No.116 Mucodis – PA advised that the application is for both the spray and the mouthwash formulations. The cost analysis shows that there is a significant cost reduction in comparison to the alternatives currently available on the formulary, in addition to providing additional benefits. Application approved. No 117 Daylette – Application supported by the presence of Dr Joseph, who informed the committee that it is only licensed for contraception, although it benefits patients with acne and Pre-Menstrual Dysphoric Disorder. It is a cheaper than its competitor (by £4.20). The usual pill checks are still required. The committee asked what benefits the pill offers, Dr Joseph stated that as it is a continuous pill, with 4 placebo pills, there is a reduced risk of patients forgetting to take it. PCP queried what happens if patients continue to bleed after the 4 day placebo tablets, Dr Joseph stated the patient would just continue to take the pill as directed, but the patient would need counselling. Application approved. No 119 Esyma – Representative unable to attend meeting. Committee discussed the 2 indications of use and the application is to facilitate these. The cost is £144/month, and is used for 3 months prior to a procedure or for intermittent attacks. Committee are undecided on the application, and feel that it should be presented to the group by the specialist. Action. PA to contact applicant to request representation.</p>	
7	<p>Non –NICE TA Drugs/devices-Short Applications Consent AGENDA Capimune – Application approved Maexeni – Application approved Cilique – Application approved Lizinna – Application approved Pemetrexed – Application approved</p>	
8	<p>Drugs Safety Update</p> <ul style="list-style-type: none"> • Trametinib – PA advised of the risk of GI perforation and colitis. 	
9	<p>Horizon Scanning</p> <ul style="list-style-type: none"> • NICE Forward Planner March • Sacubitril/Valsartan – Used in heart failure, has been approved by Scottish Medicines Consortium. The target dose is 200mg BD which will cost £91.56 per month. So cost pressures are expected, and the forward planner indicates this. 	
10	<p>Appeals</p> <ul style="list-style-type: none"> • None • 	
11	<p>Formulary Updates</p> <ul style="list-style-type: none"> • Antifungal Guidelines – Approved by the committee • OPEP Outcomes – PA showed the committee a summary of the outcomes from patients who have used the OPEP device. 5 patients have used the device and all have shown benefits. PA to confirm what the contractual requirements are for the service, as unsure if this needs renewing. Action: PA to confirm contractual details of the OPEP devices. 	
12	<p>Formulary Breach</p> <ul style="list-style-type: none"> • None 	

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13	Recommendations to JMMC	
14	<p>Any other business</p> <p>KINES – Monthly</p> <p>KINES – Antibiotics</p> <p>Illegal Supply of Medicines – PA advised the committee that it was reported to the medicines management team that a Walsall patient has been able to obtain a supply of co-amoxiclav from a Birmingham food store. The product is written in polish and does not have product licence. PA reported the issue to both the trading standards and MHRA, and the issue is now being investigated.</p> <p>C.Difficile and loperamide – MOP informed the committee that it has been reported to the medicines management team that 2 Walsall patients presented to their GP practice with diarrhoea, received loperamide and didn't have a stool sample sent off for analysis. They were later diagnosed as having <i>c.difficile</i> infection. PA advised the committee that he is working on a newsletter to send out to practices reminding them of the risks and the process which should be followed.</p> <p>Action: PA to inform the committee when the newsletter has been produced and sent out.</p> <p>CRP Testing – GPW suggested the use of CRP testing as part of patient diagnosis. Committee discussed cost implications to the CCG, and prescribers should use clinical judgement and patient education.</p> <p>Contract drug changes – A query has been raised by WMHT as to if an application has to be submitted to the FMG group for each contract change drug. PA advised the committee that such changes happen frequently, and neither the committee nor the trust have the resources to process an application for each one. Therefore need to consider applying the same process to contract drugs as those drugs recommended by Keele University, with the addition of detail about the cost implications of the change. A proposed flow chart has been sent to WMHT for comments.</p>	
<p>These minutes are a true representation of the Group's proceeding</p> <p>Signed: _____ Chair _____ Date _____</p>		

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

FINAL REDACTED

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Future Meeting Dates

Formulary Management Group Future Meeting Schedule 2016								
Date	Month	Year	Venue		Date	Month	Year	Venue
					5 th	July	2016	Room1
2 nd	February	2016	Room1		2 nd	August	2016	Room1
1 st	March	2016	Room1		6 th	September	2016	Room1
5 th	April	2016	Room1		4 th	October	2016	Room1
3 rd	May	2016	Room1		1 st	November	2016	Room1
7 th	June	2016	Room1		6 th	December	2016	Room1

Formulary Management Group Future Meeting Schedule 2017								
Date	Month	Year	Venue		Date	Month	Year	Venue
3 rd	January	2017	Room1		4 th	July	2017	Room1
7 th	February	2017	Room1		1 st	August	2017	Room1
7 th	March	2017	Room1		5 th	September	2017	Room1
4 th	April	2017	Room1		3 rd	October	2017	Room1
2 nd	May	2017	Room1		7 th	November	2017	Room1
6 th	June	2017	Room1		5 th	December	2017	Room1

Formulary Management Group Future Meeting Schedule 2018								
Date	Month	Year	Venue		Date	Month	Year	Venue
2 nd	January	2018	Room1		3 rd	July	2018	Room1
6 th	February	2018	Room1		7 th	August	2018	Room1
6 th	March	2018	Room1		4 th	September	2018	Room1
3 rd	April	2018	Room1		2 nd	October	2018	Room1
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